AMERICAN BOARD OF FOOT AND ANKLE SURGERY

Information and Requirements For Board Certification

American Board of Foot and Ankle Surgery®
445 Fillmore Street
San Francisco, CA 94117
(415) 553-7800
www.abfas.org

September 2025

Contents

Policies and Legal Notices 3
Case Review Changes Beginning in 2026 4
The Meaning of ABFAS Board Certification 5
Board Certification in Foot Surgery 5
Board Certification in Reconstructive Rearfoot/Ankle (RRA) Surgery 5
The Board Certification Process 5
Certification Requirements 6
Steps to Complete Case Review 7
    1. Log Cases in Podiatry Logging Service (PLS) 7
    2. Determining Eligibility for Case Review 7
    3. Registration 8
    4. Facility Audit 9
    5. Case Documentation 9
    6. Case Evaluation 9
Examination Results 9
Additional Certification Requirements 10
Dates and Deadlines for 2026 Case Review 11
Case Review Fees 11
Case Logging Guide 12
Case Documentation Guide 15
ABFAS Procedure Categories Table 21

Policies and Legal Notices

Effective Date. This information applies only to the 2026 Case Review cycle.

ABFAS Policy for Potential Misrepresentation. Any incomplete, questionable, modified, or falsified case materials submitted may be evaluated further by ABFAS. If Case Review uncovers any suspicion or evidence of falsified records, including altered labeling of medical imaging studies, if substantiated, this may result in, at minimum, forfeiture of the right to sit for the examination and all fees paid, and at maximum, your disqualification for Board Qualification or Certification. ABFAS may require that you help verify submitted documents. ABFAS reserves the right to pursue further investigation including, but not limited to, sending an ABFAS-appointed representative to the hospital/surgery center to further review documentation. Failure to comply with the process and/or discovery of falsified records will result in disqualification and such other action as ABFAS deems appropriate including revocation of Board Qualified status, disqualification for certification, and forfeiture of fees paid.

Confidentiality. ABFAS considers the status of an individual's participation in and the stage of completion of all certification components, including an individual's certification status and certification history, to be public information. ABFAS reserves the right to publish and share public information in any and all public forums determined by ABFAS to be reasonable, including the posting of public information on the ABFAS website, sharing the public information with medical licensure boards, managed care organizations, third party payers, or others. While ABFAS generally regards all other information about individuals as private and confidential, there are times that ABFAS must release certain information to fulfill its responsibilities as a medical specialty board.

ABFAS specifically regards the results of an individual's Qualification, Certification, or LEAD examination (score and whether the individual passed or failed) as private and confidential.

Nondiscrimination Policy. In accordance with applicable federal laws, the American Board of Foot and Ankle Surgery® does not discriminate in any of its policies, procedures, or practices based on race, color, national origin, sex, sexual orientation, age, or disability.

Americans with Disabilities Act. In compliance with the *Americans with Disabilities Act*, the American Board of Foot and Ankle Surgery® will make reasonable accommodations for individuals with disabilities provided the candidate submits a written request and all required documentation no later than thirty (30) days prior to the date(s) of the examination. Candidates will find additional information including how to apply on the ABFAS website.

Case Review Changes Beginning in 2026

ABFAS is proud to introduce important updates to the Case Review process that better reflect the realities of day-to-day foot and ankle surgical practice and potentially allow candidates to achieve Board Certification more quickly after residency. These changes are part of our ongoing commitment to improving processes, making them more relevant to the profession, and ensuring that our standards remain strong and meaningful.

While we continue to innovate and adapt, our mission and values remain constant: safeguarding public health by certifying and assessing the knowledge, skills, and abilities of foot and ankle surgeons to ensure excellence in surgical care. Guided by our values of Excellence, Integrity, Quality, and Service, ABFAS has been dedicated to serving the public and the profession for over 50 years. These changes further strengthen that tradition.

A quick overview of key changes follows. However, we strongly advise all prospective candidates and others to read this document carefully to fully understand the requirements of the certification process.

Finally, we encourage candidates to continue logging all cases performed after completing residency and to review their status in PLS to determine if they are already eligible for Case Review.

Streamlined Case Review Eligibility Criteria

Here are a few factors that highlight how eligibility has been streamlined:

- **Fewer restrictions.** A broader range of procedure types now count toward eligibility.
- **Earlier eligibility.** Candidates may reach Case Review eligibility sooner after residency based on an expanded list of procedures.
- **Aligned with practice.** The updated criteria reflect the types and frequency of procedures most often performed by foot and ankle surgeons and are based on a recent practice analysis.

See *Determining Eligibility for Case Review* for more details.

Complete Case Documentation is Required

ABFAS will review all procedures performed on a selected patient case**.** You must upload complete documentation (including imaging studies) for all procedures performed on that patient case.

See *Case Documentation Guide* for more details.

The ABFAS Standard Remains Strong

Although much of the Case Review process has been streamlined to allow candidates to achieve certification much more quickly after residency, the rigorous Case Review standard remains unchanged. In fact, by expanding the range of eligible procedures, the process now reflects a broader and more representative scope of surgical practice. These updates ensure a more accurate and meaningful assessment of each candidate's clinical competence.

The Meaning of ABFAS Board Certification

Board Certification in Foot Surgery

Board Certification in Foot Surgery indicates that you have demonstrated cognitive knowledge and skills of foot surgery, including the diagnosis of general medical problems and surgical management of pathologic foot conditions, deformities, and/or trauma of the foot, and related structures that affect the foot and ankle.

Board Certification in Reconstructive Rearfoot/Ankle (RRA) Surgery

Board Certification in RRA Surgery indicates that you have demonstrated cognitive knowledge and skills of foot and ankle surgery, including the diagnosis of general medical problems and surgical management of pathologic foot and ankle conditions, deformities, and/or trauma, of the foot and ankle and related structures that affect the foot, ankle, and leg. Board Certification in Foot Surgery is a prerequisite for Board Certification in RRA Surgery.

The Board Certification Process

After attaining Board Qualified status, you can begin the Board Certification process. You must achieve Board Certification within seven (7) years of becoming Board Qualified.

After attaining Board Qualified status, you have seven (7) years to achieve Board Certification. This requires passing the Case Review Examination, maintaining an active, unrestricted medical license, and holding current hospital or surgery center surgical privileges. You must become certified in foot surgery before becoming certified in RRA surgery. You can apply for both Case Review exams in the same year or apply for RRA Case Review prior to Foot Case Review.

If you are a Board Qualified candidate who passed the former 8-case CBPS exam you must also pass the current 12-case CBPS exam (or have previously passed the Part II CBPS exam) in addition to Case Review to become Board Certified. The 8-case CBPS is not the psychometric equivalent of the current 12-case requirement. See the *ABFAS Board Qualification* document for details on the CBPS exam.

Certification Requirements

1. Education & Residency

- **Earn a DPM:** Complete a four-year Doctor of Podiatric Medicine program at an accredited college.
- **Complete a CPME-accredited Residency:** Minimum three years (e.g., PMSR or PMSR/RRA) residency focusing on foot and ankle surgery.
- **Log Cases During Residency:** Log cases in the Podiatry Residency Resource (PRR), meeting required diversity and volume benchmarks, and validated by your program director.

2. Board Qualification (Part I)

- **Pass Part I exams:**
  - Foot Surgery Didactic
  - Foot Surgery Computer-Based Patient Simulation (CBPS)
  - If pursuing Reconstructive Rearfoot/Ankle (RRA) certification: RRA Didactic and RRA CBPS.
  - Passing your final-year In-training Exams (ITEs) counts towards fulfilling Part I exam requirements for Part I, upon fee payment.

- **Submit Proof of Licensure and Surgical Privileges:**
  - Residency completion certificate.
  - Active, unrestricted podiatric license.

3. Post-residency Case Logging

- You must log all post-residency cases in the Podiatry Logging Service (PLS) for which you are the surgeon of record, continuing until you pass Case Review.

4. Board Certification (Part II)

- **Pass Case Review:** Foot Surgery Case Review and RRA Surgery Case Review (if pursuing).
- Submit documentation after passing Case Review:
  - Active, unrestricted, podiatric medical license
  - Proof of surgical hospital privileges
- If you have not passed the former Part II CBPS Examination must pass the new CBPS Exam.

Time Limits

- A passed Board Qualification examination is valid for seven (7) years. If you pass one exam but not the other, you have seven years to pass the remaining exam. If you do not pass the second exam within that timeframe, you must retake both exams.
- Once you become Board Qualified, you have seven (7) years to achieve Board Certified status.

My Exam Pathway Tool

ABFAS offers a personalized exam pathway tool to help you to determine what your next steps are in the certification process.

Steps to Complete Case Review

The Case Review process includes multiple steps that require your active participation. It is your responsibility to meet all deadlines and submit all required documentation and materials on time.

1. Log Cases in Podiatry Logging Service (PLS)

You must log all post-residency procedures for which you were the surgeon of record into the Podiatry Logging Service (PLS) for Surgery. Residency cases do not meet the surgeon of record requirement, therefore **DO NOT LOG RESIDENCY CASES**. You may log fellowship cases if you were surgeon of record.

For detailed information see the *Case Logging Guide* below.

2. Determining Eligibility for Case Review

You may be eligible for Case Review with as few as 30 logged cases, provided these cases include at least 8 cases that ABFAS can evaluate. However, you are required to log all cases you perform after completing residency, not just the minimum needed for eligibility.

After becoming Board Qualified, to be eligible for Case Review you must meet each of the following requirements:

Foot Surgery Eligibility

1. You must log in PLS all cases you perform after residency.
2. At least 30 of the cases you log must include a minimum of one Foot Surgery Eligible Procedure or a minimum of one RRA Surgery Eligible Procedure. Eligible Procedures are listed in the *ABFAS Procedure Categories Table*.
3. Among the cases you log, you must have at least 8 Foot and/or RRA cases that meet ABFAS requirements for evaluation. See *Selection of 8 Cases for Evaluation* below for more information.

RRA Surgery Eligibility

1. You must log in PLS all cases you perform after residency.
2. At least 30 of the cases you log must include a minimum of one RRA Surgery Eligible Procedure. Eligible procedures are listed in the *ABFAS Procedure Categories Table*.
4. Among the cases you log, you must have at least 8 RRA cases that meet ABFAS requirements for evaluation. See *Selection of 8 Cases for Evaluation* below for more information.

Selection of 8 Cases for Evaluation

As you continue logging, PLS will automatically track and report your progress toward the 30-case minimum. It will also determine when you have at least 8 cases for ABFAS to evaluate in Case Review.

Factors That Affect Case Selection

The list below highlights the primary factors ABFAS uses to determine the 8 cases for evaluation, however, additional considerations may apply. This process is applied consistently for all candidates.

- Only cases containing Eligible Procedures are considered.
- Of the 30 eligible cases, at least 8 cases must include a Core Procedure. The *ABFAS Procedure Categories Table* lists Core Procedures.
- Each case must be from a unique patient.
- Cases that were part of a previous Case Review are not eligible.
- Recent cases are prioritized, but procedures must be performed far enough in advance to allow for appropriate patient healing and follow-up documentation.
- For Foot Surgery certification, ABFAS will prioritize Foot surgery cases whenever possible. If insufficient eligible Foot cases are logged, RRA cases may be used to meet the minimum requirements.

Additional Eligibility Considerations

- Management of fractures or dislocations must include some type of internal or external fixation.
- Removal of internal or external fixation devices or implants, or foreign bodies is not counted.
- Extracorporeal shock wave therapy (ESWT) procedures and application of biological dressings are not acceptable.
- ABFAS accepts minimally invasive surgery procedures.

Checking Your Eligibility in PLS

If you click the link at the top of the “Manage Case” page labeled “Do I meet the requirements?”, PLS will generate an eligibility report. This report will show whether you have the minimum case counts and meet the other requirements for Case Review.

If you have taken Case Review before and were not successful, ABFAS will not select cases that were previously reviewed. This means that even if you meet the minimum case counts, you may not have enough new cases to meet the case selection criteria. For this reason, it is important to continue logging all of your cases until you pass Case Review.

3. Registration

You are eligible to register for Case review after the PLS system indicates that you have met the quantity and selection requirements. Case Review occurs once per year, and registration opens in early November and closes in mid-December.

To get started, log into your ABFAS website profile using your ABFAS username and password. If you have forgotten your username or password, you will find assistance on the login page.

After you have logged into your profile, click on **"Examinations"** on the top toolbar. Next, click **"Register for an Exam**" on the left-hand toolbar. Follow the steps to select and pay for your exam. You will then be registered for your exam.

See Registering for the Exam for additional registration instructions.

4. Facility Audit

ABFAS will select one of the facilities in which you performed surgery to ensure that you have logged all procedures that you performed at that facility. After Case Review registration closes in mid-December, ABFAS will email you detailed instructions on how to obtain and submit a case list and a facility attestation letter verifying the procedures you performed at that facility during a specified period.

You can view examples of a case list and an attestation letter on the ABFAS website.

5. Case Documentation

The ABFAS Case Review process requires you to provide detailed documentation for a set of eight ABFAS-selected surgical cases that you have logged in PLS. You must submit complete electronic documentation including operative reports, progress notes, consultation and diagnostic reports, pathology reports, anesthesia records, and imaging studies. These records must demonstrate all aspects of patient care related to the selected procedures.

Effective in 2026, candidates will be required to provide documentation for all procedures performed on each selected patient. All records must be uploaded in the required formats through PLS.

For detailed information see the *Case Documentation Guide* below.

6. Case Evaluation

Cases are reviewed by a panel of ABFAS-certified surgeons who evaluate pre-op assessment, diagnosis and interpretive skills, surgical indications, technical skill, post-operative management, complications, and outcomes. Case review emphasizes completeness, accuracy, and clarity of documentation, as these are essential for demonstrating competency. You are strongly encouraged to follow the provided checklists to avoid common errors, such as missing or illegible documents, incomplete imaging, or failure to verify surgeon of record. This process ensures a fair and consistent evaluation of surgical skills and case management.

Examination Results

Exam results are available 6-8 weeks after the exam date. ABFAS will email you a notification after posting your exam results to your online ABFAS profile page. If you fail an exam, you will be able to download a score report that provides an analysis of your performance.

If you pass RRA Case Review before passing Foot Case Review, you have the remainder of your seven (7) year eligibility to pass Foot Case Review. You cannot become RRA certified without first becoming Foot certified.

Additional Certification Requirements

Verification of Surgical Privileges

ABFAS requires official documentation of current surgical privileges consistent with the area of certification desired (Foot Surgery and/or RRA Surgery). Please submit proof via email at privileges@abfas.org, or fax to 415.553.7801. **Do NOT upload proof of surgical privileges into PLS.**

Active, Unrestricted License to Practice

ABFAS requires that that you maintain a valid, unrestricted, podiatric license in the US or Canada. Candidates must report any change in licensing status to ABFAS. Submit license documentation or notification of change in licensing status via email to licenses@abfas.org or by fax to 415.553.7801.

Time Limit of Board Qualified Status

If you do not achieve Board Certification by the close of the seventh year after you achieve Board Qualification status, you will no longer be eligible for ABFAS certification, unless you finished a PM&S-36, PMSR or PMSR/RRA residency program prior to 2014 and requalify.

If your Board Qualified status in Foot Surgery expires before your Board Qualified status in RRA Surgery, ABFAS will suspend your RRA status until you have successfully reestablished the required status in Foot Surgery (provided that your RRA status has not expired prior to the reestablishment of Foot Surgery status).

Diplomate Certificates

After you meet all Board Certification requirements and pass the Board Certification examination, ABFAS will issue you one (1) complimentary certificate confirming that you are a:

- Diplomate of the American Board of Foot and Ankle Surgery® with Certification in Foot Surgery
- Diplomate of the American Board of Foot and Ankle Surgery® with Certification in Reconstructive Rearfoot/Ankle Surgery (if applicable)

Period of Certification

Initial certification is for a period of 10 years. During that time period, ABFAS Diplomates participate in the LEAD program. Newly certified Diplomates start participating in LEAD the first January following their initial certification date.

ABFAS Diplomates may promote their status on ABFAS letterhead, publications, and other advertisements following ABFAS advertising guidelines. ABFAS provides a toolkit for promoting your certification on its website.

Dates and Deadlines for 2026 Case Review

A full calendar for all ABFAS examinations and deadlines is available at Exam Calendar.

Key Dates for Case Review	
November 3, 2025	Case Review registration opens.
December 8, 2025	Case Review registration closes.
December 10, 2025	ABFAS sends candidates instructions for hospital/surgical center audit.
January 12, 2026	Deadline for hospital/surgical center audit documentation.
January 22, 2026	The list of your procedures selected for Case Review is available on the PLS website.
March 16, 2026	Deadline for candidate submission of complete electronic case documentation. You must submit by 11:59 pm Pacific Time on March 16, 2026.
April 16-18, 2026	Case Reviewers meet. Candidates do not attend case review.

Case Review Fees

Application Fee (NON-REFUNDABLE). Paid once per calendar year, regardless of number of exams, based on the year the exam takes place.	$225
Case Review Examination	$550

Case Review Refund Policy

Circumstance	**Refund**
Candidate requests to withdraw prior to the facility audit date.	Exam fee(s)
Candidate fails facility audit and is therefore unable to continue the Case Review process. ABFAS generates withdrawal and exam fee refund.	Exam fee(s)
Candidate requests to withdraw post facility audit date.	Exam fee(s)
Candidate does not upload required Case Review documentation by due date.	None

Case Logging Guide

Importance of Accurate Case Logging

Accurate case logging in the Podiatry Logging Service (PLS) is critical to your success in the certification process. Logging ensures that ABFAS has a complete and reliable record of the surgical procedures you have performed as the surgeon of record after residency, including those completed during a fellowship. Incomplete or inaccurate logging may negatively affect your Case Review outcome. By carefully documenting your cases, you help ensure a smooth review process and provide the strongest representation of your surgical training and practice.

Please remember to log into PLS **all post-residency surgical procedures that you performed as surgeon of record. If, however, you are already certified in Foot Surgery and seeking only RRA Surgery certification, you may log only post-residency RRA procedures.**

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

Please ensure that you correctly log procedures into PLS. Case reviewers evaluate cases based on the category you have assigned. For example, if a joint salvage procedure with cheilectomy only is logged as a joint salvage procedure with distal metatarsal osteotomy, you will receive a low or failing score for that case. Open management of fracture or MTPJ dislocation cases must include internal or external fixation. Cases are evaluated based on pre-operative clinical assessment, diagnosis and interpretive skills, surgical indications, technical skill, post-operative management, complications, and outcomes.

PLS Logging Checklist

- ☐ Ensure that you log cases using the correct procedure code in PLS.
  Note: Failure to correctly log procedure type is a common error. Mislogging is one of the major reasons candidates fail Case Review.
- ☐ Ensure that you are listed as the only Surgeon (not Co-surgeon, Assistant Surgeon, or any other designation) on all operative reports and all chart materials for every procedure you log.
- ☐ Ensure that you are listed as the surgeon of record (not co-surgeon) in the intraoperative anesthesia record or circulating nurse's notes.
- ☐ List every procedure performed and documented in the operative report.

Common Logging Errors (Mislogging)

Mislogging is one of the major reasons why candidates fail Case Review. Pay close attention to ensure you log each case accurately. Below is a list of common logging errors that resulted in candidates failing Case Review:

1.L**isfranc fracture ORIF or arthrodesis**. Please note: "Midfoot" joint(s) refers to any joint proximal to, and **not including**, tarsometatarsal/Lisfranc joint.

a) A Lisfranc fracture repair or arthrodesis **is not considered a rearfoot procedure.** Log an ORIF as 4.13 (Open management of tarsometatarsal fracture/dislocation) and a Lisfranc joint arthrodesis (with or without ORIF) as a 4.15 (tarsometatarsal fusion) an intercuneiform stabilization/arthrodesis should not be logged or documented separately.

b) The correct code for **isolated Lisfranc reduction with suture button fixation without any osseous fractures** is 3.7 (open management of dislocation) as the procedure focuses on soft tissue ligamentous repair of the Lisfranc injury).

c) If there is a **ligament injury as well as osseous fractures where you have performed an actual reduction of bone fracture/displacement/joint dislocation via an open incision**, the procedure code is 4.13.

2. A **Lapidus bunionectomy is a first-ray procedure** and log only as 2.1.6 (bunionectomy with first metatarsocuneiform fusion) or 2.2.5 (joint salvage with first metatarsocuneiform fusion) or 2.3.3 (metatarsocuneiform fusion, other than for hallux valgus or hallux limitus) an intercuneiform stabilization/arthrodesis should not be logged or documented separately.

3) A **Haglund's deformity** where the posterior heel exostosis is shaved (without detaching and reattaching a major portion of the Achilles tendon) is a 4.1 (partial ostectomy). If removal of the bone spur includes detachment and reattachment of the Achilles, you must use 4.19.

4) **Plastic surgery** does not include wound debridement and synthetic/biological graft application. A synthetic/biological graft application and/or double elliptical lesion excision does not meet the criteria for Case Review.

5) A **Kidner procedure** correct code is either as 5.1.6 (tendon augmentation/supplementation/restoration) or 3.1 (excision of ossicle without tendon advancement). Do not log as both 5.1.6 and 3.1 as 5.1.6 includes the ossicle excision. Removal of any ossicle/fracture fragment such as os peroneum, os trigonum, or os navicularis is only a 3.1.

6) Do not log a **cheilectomy** separately if done in conjunction with another 1st metatarsal procedure (osteotomy or TMTJ fusion). Only one category 2 procedure can be logged at the same time.

2.2.1 An isolated cheilectomy as a joint salvage procedure.
2.2.3 A cheilectomy is done in combination with a distal metatarsal osteotomy.
2.2.4 A cheilectomy is done in combination with a metatarsal shaft or base osteotomy.
2.2.5 A cheilectomy is done in conjunction with a first TMT joint fusion.

8) In cases where a **subchondroplast**y procedure/**insufficiency fractures** with curettage and/or injection of biologics are performed as part of another procedure, only the index procedure must be logged. For example, a talar dome or distal tibial subchondroplasty may only be logged as:

5.2.7 open management of talar dome lesion (with or without osteotomy), or
5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement

If performed in isolation, use of one of the following subcategories:

1.13 other osseous digital procedure not listed above
2.3.10 other first ray procedure not listed above
4.18 other osseous procedures not listed (distal to the tarsometatarsal joint)
5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above

9) Log **treatment of a dislocating peroneal tendon** (including fibular groove deepening) as 5.1.6 (tendon augmentation/supplementation/restoration), not as an osteotomy.

10) Log isolated **syndesmotic ankle repair** as 5.3.2, (repair of acute ligament injury). This category cannot be combined with 5.4.3 (open repair of adult ankle fracture) or 5.4.4 (open repair of pediatric rearfoot/ankle fracture or dislocation).

11) Log **5th metatarsal bunionectomy without osteotomy** as a 4.3 (bunionectomy of the fifth metatarsal without osteotomy). If a fifth metatarsal osteotomy with osseous realignment is performed, then the correct code is 4.7 (bunionectomy of the fifth metatarsal with osteotomy).

Case Documentation Guide

After you register and complete the facility audit, ABFAS will select 8 Foot Surgery and/or 8 RRA Surgery patient cases from your PLS log for detailed documentation of the case. **ABFAS will notify you via email that the list of selected patient cases is available on your PLS site** (see ***Dates and Deadlines*** in this document).

Effective 2026, ABFAS will be reviewing all procedures performed on a selected patient. Your documentation, including imaging studies, needs to include all supportive documents for all of the procedures performed on the selected patient case. You will then upload complete documentation, including all images, into PLS for review. ABFAS does not allow paper submissions. If you determine that a case chosen for review was mislogged, please contact ABFAS prior to uploading and submitting.

After you upload all required documentation (detailed instructions below), a team of case reviewers (ABFAS board certified foot and ankle surgeons) will evaluate all aspects of the surgical cases that you submitted. This includes evaluation of pre-operative clinical assessment, diagnosis and interpretive skills, surgical indications, technical skill, post-operative management, complications, and outcomes.

Instructions for Providing Case Documentation

ABFAS evaluates all surgical procedures listed for each selected patient case based on materials that you provide. Incomplete documentation is a common error that may negatively impact your case review outcome. A few important things to remember:

- All documents must be legible.
- Submit all typed/handwritten materials in PDF format.
- Please highlight where your name is listed as surgeon and also highlight the surgery date. Taking these steps will help the reviewers during the surgeon of record check. It will also help you as you gather your documentation to ensure you are uploading the correct files.
- **If for some reason the facility does not have all of the records for the case, please contact ABFAS prior to the deadline for submittal of case documentation.**
- Please ensure the documents do not have any redactions.
- When you download the documents from an electronic medical records system, please ensure you include your name and the patient's name/ID in each of the files.

1. Pre-operative Assessment

- ☐ **ABFAS is looking for your pre-operative clinical and radiographic workup/assessment of the specific condition leading to the surgical procedure.** If the records are handwritten, please submit electronically as both (1) scanned copies of all handwritten material; and (2) typed copies of all your handwritten materials. Please convert typed copies to PDF format.

2. Operative Report (OP Report)

- ☐ Submit a copy of the typed operative report upon which you are listed as Surgeon (not Co-Surgeon, Assistant Surgeon, or any other designation). Procedures listing more than one surgeon of record are not acceptable. ***Common error: Another physician listed as surgeon or co-surgeon.***

3. *Progress Notes*

- ☐ Submit typed progress notes from the time of first presentation through final outcome for all procedures listed on the operative report. Include all pertinent supportive medical assessments generated by another physician. If a patient undergoes multiple procedures on separate dates, present all progress notes, including any notes related to complications, prior surgery, or surgical revisions. **Please note, evidence of altered documentation after the date of case selection will lead to case rejection.**
- ☐ For procedures involving hospital admissions of greater than 24 hours, include:
  - Typed copies of progress notes from the first 3 inpatient days
  - Copies of all inpatient progress notes (including those of consultants)
  - Typed versions of all outpatient follow-up visit progress notes through final outcome.
- ☐ Submit progress note records electronically converted to PDF format and in chronological order from oldest to most recent.
- ☐ If you performed a surgery on a patient that you saw at a free clinic/resident clinic/emergency facility, but were unable to follow the patient postoperatively, please address the reason for the inability for follow-up in the progress notes and in the checklist.
- ☐ If a patient is lost to follow-up, please provide documentation to support that the patient did not show up or cancelled their last follow-up appointment with your office. If you are using an EMR system, please generate an appointment report and submit this along with your progress notes as evidence to support that the patient was lost to follow-up.

4. *Consultation*

- ☐ Submit separate consultative reports such as vascular, neurological, oncology, etc.

5. *Laboratory Reports (Labs)/Diagnostic Reports*

- ☐ Submit copies of any relevant report of preoperative tests ordered, including laboratory studies, MRI, nuclear medicine, electrodiagnostic studies, etc.

6. *Pathology Report (Path Report)*

- ☐ Submit copies of any pathology report for soft-tissue lesions, infections, and other procedures for which a specimen was sent because abnormal pathology was present.

7. *Intraoperative Anesthesia Record/Circulating Nurse's Notes (Surgeon of Record)*

- ☐ Submit complete copies of the intraoperative anesthesia record (not the anesthesiology consultation notes) or the intraoperative circulating nurse's notes from the facility listing you as the surgeon of record. This document provides ABFAS with the **PRIMARY** source of verification that you were the surgeon of record.

Surgeon of Record Timeframes and Document Clarification

ABFAS recognizes that many documentation errors on Surgeon of Record may be the result of uploading an incorrect document. Please remember that the purpose of the Surgeon of Record check is to have third party documentation that the candidate is the surgeon of record (not co-surgeon). ABFAS therefore requires that you upload the Intraoperative Anesthesia Record or Circulating Nurse's Notes. Do not upload the pre-op anesthesia evaluation, post-operative information obtained in the post anesthesia care unit (PACU/recovery room), or anesthesia consultation notes.

ABFAS will audit candidate's uploaded documents regarding Surgeon of Record prior to full review of candidate's cases. ABFAS will contact those candidates with incorrect documents and allow them to upload their correct documents within two days of notification.

Image Submission Requirements

General Requirements

The following general requirements apply to every image you upload as part of complete case documentation. Since Case Review includes assessing all procedures, performed on the same day on the selected patient, it is important that you include all relevant radiographs to support noted preoperative pathology and postoperative healing for all listed procedures. Noncompliance with image requirements and instructions may result in rejection of case documentation with no opportunity to resubmit missing materials. See *Uploading Images into PLS* for further information.

Weight-bearing X-Rays

If your facility does not have access to weight-bearing x-ray machines, please answer no to Question 1 in the checklist and upload a notarized letter from your facility attesting to the lack of a weight-bearing x-ray machine for that case. If weight-bearing radiographs were ordered but not performed, please note this on the checklist and provide a copy of the electronic order.

1. *Image Format*

   ☐ Submit all images, regardless of original format, in JPG, JPEG or PNG format.

   ABFAS reserves the right to examine, on-site, images stored on the imaging equipment storage device to determine that submitted images have not been altered. If it is determined that images have been altered you will forfeit, at minimum, the right to sit for the examination and all fees paid, and at maximum, your ability to qualify for Board Certification.

2. *Image Clarity*

   ☐ All images must be clearly readable and of diagnostic quality.

   ☐ Ensure that the reviewer will be able to clearly identify all pathology, fixation, and bone healing within the image.

   Note: Unreadable images may negatively impact your score.

3. *Three Views*

   ☐ For MRIs and computerized tomographic (CT) images, submit individual images up to three of the best views (see below for radiographs/plain films) clearly demonstrating pathology or findings.

Required Radiographic Images

Select appropriate views for each procedure, listed below. Identify each image and label each image with patient's name and date of imaging. "Best two views" must demonstrate appropriate surgical pathology and outcome. Provide axial calcaneal and lateral views for osseous procedures of the calcaneus (fracture ORIF, osteotomies, subtalar arthrodesis), either in initial post-op or final outcome images. You may submit up to ten (10) images per case. Multiple images can be combined into one image JPEG or PNG file. Images cannot be merged from different dates. Radiographs that best show final healing are most helpful for

review. When appropriate, an MRI or CT may supplement the x-ray for pre-operative images if they show pathology.

Case review includes assessing all procedures performed on the selected patient case.

	First Ray Surgery/ Other Osseous Foot Surgery	Infection	Foot and RRA Trauma	RRA Surgery
Preoperative images *(weight-bearing not required for trauma)*	**Weight-bearing** AP, Lateral	Best two views	Minimal Best two views	**Weight-bearing** Best two views
Initial postoperative images *Demonstrate operative alignment and fixation, if used. Intraoperative images are acceptable.*	AP, Lateral	Best two views	Minimal Best two views	Best two views
Final outcome images *Latest final postoperative images. Images from last visit.* *Demonstrate removal of provisional/ temporary hardware and radiographic osseous union of osteotomies, fusions, and fractures*	**Weight-bearing** AP, Lateral	Best two views	Minimal Best two views of correction	**Weight-bearing** Best two views

Common 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 upload each image in the appropriate category represented by the image (preoperative, immediate postoperative, and final).
- ☐ Failure to submit images to view and assess all addressed foot deformities/pathologies, as listed on the operative report.

Uploading Images into PLS

One of the major areas of concern for candidates preparing their board certification case documentation is images. Indeed, unreadable, or inappropriately uploaded images are frequently cited in the Case Review process. The following information can assist you in the preparation of suitable images for uploading with your case documentation.

Hard Copy Images (including MRI and CT)

- Use a light box to photograph the image.
- Capture the entire image; do not crop or zoom in. Include patient identifying information if possible.
- Pictures can be taken with a digital camera or good mobile phone camera. ***Do not scan the x-ray.***
- Check the picture carefully. It should be as clear as the original. If it is not, retake until satisfied (a few attempts with different exposures may be necessary).
- Save the pictures to your computer. The preferred format for saving is "jpg". If you do not have that option, you may save it as "jpeg" or "png".

Digital Images

- Download the image from your system to your computer or a flash drive. Save it in "jpg" format. If "jpg" is not an available option, then save it in "jpeg" or "png" format.
- ***Do not take a picture of the image from a monitor or computer screen.***

General Upload instructions

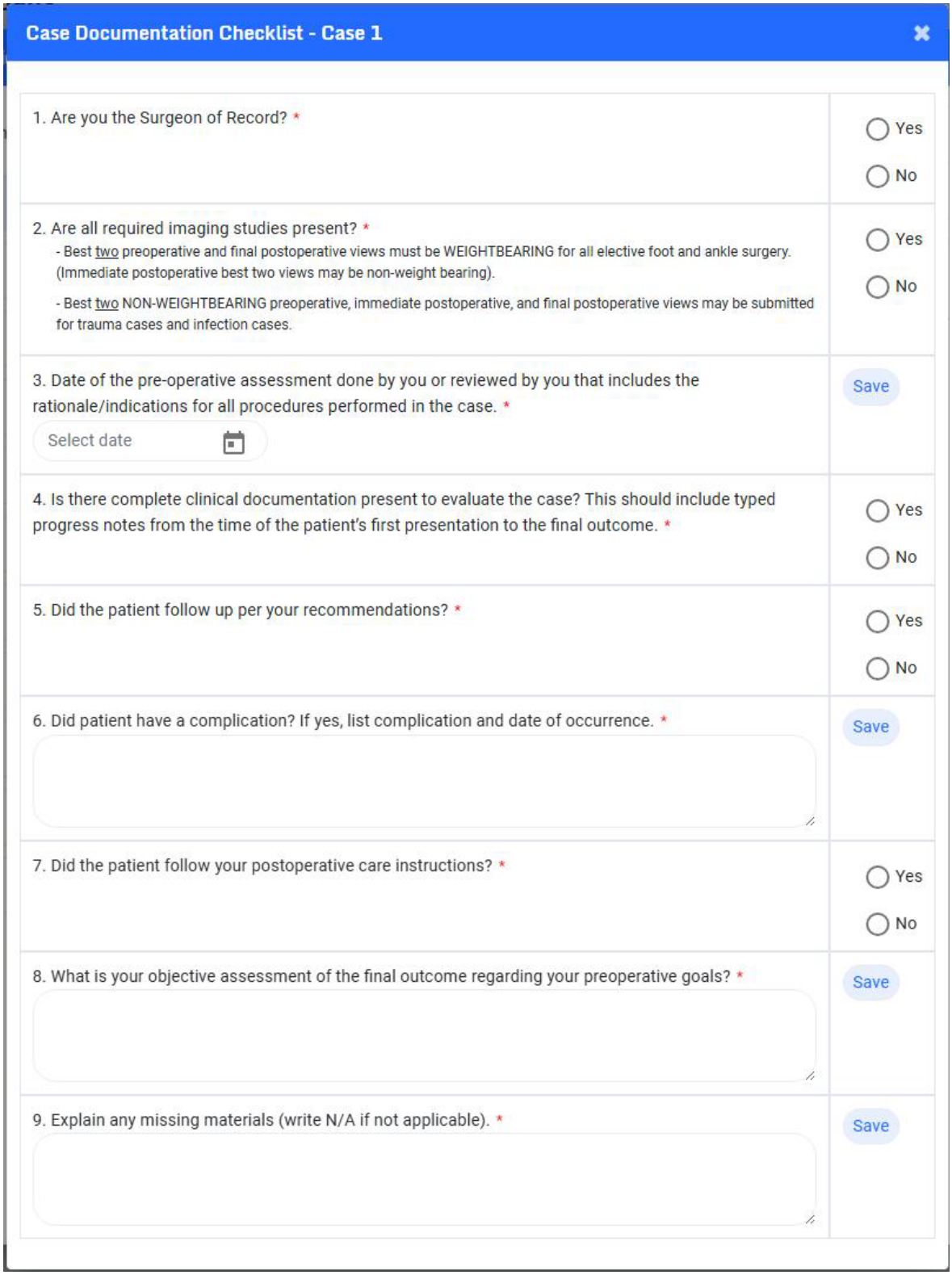
- Follow ABFAS instructions carefully.
- Be sure **all** images are labeled with the patient's name, date taken and laterality **on the image**. If your EMR deletes this information or it is unreadable on your picture, place a text box in the image and type in the patient's name and date the image was taken.

- How do I place a text box?
    - To do this in Microsoft Paint: Click "Open With" from the menu bar, hit the text button "A" to insert a text box. Save.
    - To do this in Preview on a Mac: Go to the View menu, select "Show Edit Toolbar" then select the text tool to insert a text box. Save.

- Be sure all uploaded images are of the correct patient and procedure.
- Be sure to upload images into the correct section on PLS (pre-op/immediate post-op/final)
- First ray and RRA cases are to include weight-bearing pre-op and weight-bearing final images.
- Trauma cases are not required to have weight-bearing pre-op images.

Importance of the PLS Case Review Checklist

When you are ready to upload your case documentation, a case documentation check list will be the first screen that will appear. Please note that if your facility does not have equipment for weightbearing images, there is a process to address this in the checklist. You will need to upload a notarized letter from the facility to address the lack of equipment. The information below the checklist screenshot outlines weightbearing image requirements.



Case Documentation Checklist - Case 1

1. Are you the Surgeon of Record? *
   - Yes
   - No

2. Are all required imaging studies present? *
   - Best two preoperative and final postoperative views must be WEIGHTBEARING for all elective foot and ankle surgery. (Immediate postoperative best two views may be non-weight bearing).
   - Best two NON-WEIGHTBEARING preoperative, immediate postoperative, and final postoperative views may be submitted for trauma cases and infection cases.
   - Yes
   - No

3. Date of the pre-operative assessment done by you or reviewed by you that includes the rationale/indications for all procedures performed in the case. *
   Select date
   Save

4. Is there complete clinical documentation present to evaluate the case? This should include typed progress notes from the time of the patient's first presentation to the final outcome. *
   - Yes
   - No

5. Did the patient follow up per your recommendations? *
   - Yes
   - No

6. Did patient have a complication? If yes, list complication and date of occurrence. *
   Save

7. Did the patient follow your postoperative care instructions? *
   - Yes
   - No

8. What is your objective assessment of the final outcome regarding your preoperative goals? *
   Save

9. Explain any missing materials (write N/A if not applicable). *
   Save

Documentation Examples

ABFAS provides documentation examples for Case Review candidates on the Documentation Examples web page. Institutions use different types of records, so your institution's reports may differ from these. ABFAS provides samples to provide guidance as to the types of required reports.

ABFAS Procedure Categories Table

How to Use the Procedure Categories Table

The Procedure Categories table is designed to help you understand which procedures count toward the minimum requirements for Case Review. To be eligible, **you must log all post-residency cases in PLS**. From those logged cases, ABFAS will determine whether you meet the **minimum of 30 cases** (Foot or RRA, depending on the certification sought) and whether there are at least **8 cases that can be evaluated**.

When reviewing the table, note that:

- **Eligible Procedures** count toward the 30-case minimum and the pool of cases from which ABFAS will select the 8 cases to evaluate.
- **Core Procedures** are a subset of Eligible Procedures. All 8 cases submitted for Case Review must include a Core Procedure. This means you must have a minimum of 8 cases that contain procedures from categories marked as a Core Procedure.
- Procedures marked **Not Eligible** do not count toward either the 30-case minimum or the 8 cases evaluated in Case Review.
- **You may qualify for Case Review with as few as 30 logged cases**, provided all include at least one eligible procedure and at least 8 include Core Procedures. However, you are required to log all cases you perform after completing residency, not just the minimum needed for eligibility.
- There are additional factors that affect case selection. See *Factors That Affect Case Selection* for additional eligibility criteria.

Procedure Categories		Foot Surgery		RRA Surgery	
		Counts as Eligible? Need at least 30	**Core Procedure?** Need at least 8	**Counts as Eligible?** Need at least 30	**Core Procedure?** Need at least 8
1.1	partial ostectomy/exostectomy.	No	No	No	No
1.2	phalangectomy.	No	No	No	No
1.3	arthroplasty (IPJ).	Yes	No	No	No
1.4	implant (IPJ) (silastic implant or spacer).	Yes	No	No	No
1.5	diaphysectomy.	No	No	No	No
1.6	phalangeal osteotomy.	Yes	No	No	No
1.7	fusion (IPJ).	Yes	No	No	No
1.8	amputation.	Yes	No	No	No
1.9	management of osseous tumor/neoplasm.	Yes	No	No	No
1.10	management of bone/joint infection.	Yes	No	No	No
1.11	open management of digital fracture/dislocation.	Yes	No	No	No
1.12	revision/repair of surgical outcome.	Yes	No	No	No
1.13	other osseous digital procedure not listed above	No	No	No	No

Procedure Categories		Foot Surgery		RRA Surgery	
		Counts as Eligible? Need at least 30	**Core Procedure?** Need at least 8	**Counts as Eligible?** Need at least 30	**Core Procedure?** Need at least 8
2.1.1	bunionectomy (partial ostectomy/Silver procedure), with or without capsulotendon balancing procedure.	Yes	No	No	No
2.1.3	bunionectomy with phalangeal osteotomy.	Yes	Yes	No	No
2.1.4	bunionectomy with distal first metatarsal osteotomy.	Yes	Yes	No	No
2.1.5	bunionectomy with first metatarsal base or shaft osteotomy.	Yes	Yes	No	No
2.1.6	bunionectomy with first metatarsocuneiform fusion.	Yes	Yes	No	No
2.1.7	MPJ fusion.	Yes	Yes	No	No
2.1.8	MPJ implant.	Yes	Yes	No	No
2.1.9	MPJ arthroplasty.	Yes	No	No	No
2.1.10	bunionectomy double correction with osteotomy and/or arthrodesis.	Yes	Yes	No	No
2.2.1	cheilectomy.	Yes	No	No	No
2.2.2	joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement).	Yes	Yes	No	No
2.2.3	joint salvage with distal metatarsal osteotomy.	Yes	Yes	No	No
2.2.4	joint salvage with first metatarsal shaft or base osteotomy.	Yes	Yes	No	No
2.2.5	joint salvage with first metatarsocuneiform fusion.	Yes	Yes	No	No
2.2.6	MTPJ fusion.	Yes	Yes	No	No
2.2.7	MTPJ implant.	Yes	Yes	No	No
2.2.8	MTPJ arthroplasty.	Yes	No	No	No
2.3.1	tendon transfer/lengthening procedure.	Yes	Yes	No	No
2.3.2	osteotomy (e.g. dorsiflexory).	Yes	Yes	No	No
2.3.3	metatarsocuneiform fusion (other than for hallux valgus or hallux limitus).	Yes	Yes	No	No
2.3.4	amputation.	Yes	No	No	No
2.3.5	management of osseous tumor/neoplasm (with or without bone graft).	Yes	Yes	No	No
2.3.6	management of bone/joint infection (with or without bone graft).	Yes	No	No	No
2.3.7	open management of fracture or MPJ dislocation.	Yes	Yes	No	No
2.3.8	corticotomy with callus distraction.	Yes	Yes	No	No
2.3.10	other first ray procedure not listed above.	Yes	Yes	No	No
3.1	excision of ossicle/sesamoid.	Yes	No	No	No

Procedure Categories		Foot Surgery		RRA Surgery	
		Counts as Eligible? Need at least 30	**Core Procedure?** Need at least 8	**Counts as Eligible?** Need at least 30	**Core Procedure?** Need at least 8
3.2	excision of neuroma.	Yes	No	No	No
3.3	removal of deep foreign body (excluding hardware removal).	Yes	Yes	No	No
3.4	plantar fasciotomy.	Yes	No	No	No
3.5	lesser MPJ capsulotendon balancing.	Yes	Yes	No	No
3.6	tendon repair, lengthening, or transfer involving the forefoot (including digital FDL transfer).	Yes	No	No	No
3.7	open management of dislocation (MPJ/tarsometatarsal).	Yes	Yes	No	No
3.8	incision and drainage/wide debridement of soft-tissue infection (includes foot, ankle or leg).	Yes	No	No	No
3.9	plantar fasciectomy/plantar fibroma resection.	Yes	No	No	No
3.10	excision of soft-tissue tumor/mass (without reconstructive surgery: includes foot, ankle or leg).	Yes	No	No	No
3.12	plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot).	No	No	No	No
3.13	microscopic nerve/vascular repair (forefoot only)	Yes	Yes	No	No
3.14	other soft-tissue procedures not listed above (limited to the foot).	Yes	Yes	No	No
3.16	external neurolysis/decompression (including tarsal tunnel).	Yes	No	No	No
3.17	decompression of compartment syndrome (includes foot or leg).	Yes	Yes	No	No
4.1	partial ostectomy (includes foot, ankle or leg).	Yes	No	No	No
4.2	lesser MPJ arthroplasty.	Yes	Yes	No	No
4.3	bunionectomy of the fifth metatarsal without osteotomy.	Yes	No	No	No
4.4	metatarsal head resection (single or multiple).	Yes	No	No	No
4.5	lesser MPJ implant.	Yes	Yes	No	No
4.6	central metatarsal osteotomy.	Yes	Yes	No	No
4.7	bunionectomy of the fifth metatarsal with osteotomy.	Yes	Yes	No	No
4.8	open management of lesser metatarsal fracture(s).	Yes	Yes	No	No
4.9	harvesting of bone graft includes foot, ankle, and leg	Yes	Yes	No	No
4.10	amputation (lesser ray, TMA).	Yes	No	No	No

Procedure Categories		Foot Surgery		RRA Surgery	
		Counts as Eligible? Need at least 30	**Core Procedure?** Need at least 8	**Counts as Eligible?** Need at least 30	**Core Procedure?** Need at least 8
4.11	management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft).	Yes	No	No	No
4.12	management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft).	Yes	No	No	No
4.13	open management of tarsometatarsal fracture/dislocation.	Yes	Yes	No	No
4.14	multiple osteotomy management of metatarsus adductus.	Yes	Yes	No	No
4.15	tarsometatarsal fusion.	Yes	Yes	No	No
4.16	corticotomy/callus distraction of lesser metatarsal.	Yes	Yes	No	No
4.17	revision/repair of surgical outcome in the forefoot.	Yes	Yes	No	No
4.18	other osseous procedures not listed above (distal to the tarsometatarsal joint).	Yes	Yes	No	No
4.19	detachment/reattachment of Achilles tendon with partial ostectomy.	Yes	Yes	No	No
5.1.1	plastic surgery techniques involving the midfoot, rearfoot or ankle.	No	No	No	No
5.1.2	tendon transfer involving the midfoot, rearfoot, ankle, or leg.	Yes	Yes	No	No
5.1.3	tendon lengthening involving the midfoot, rearfoot, ankle, or leg.	Yes	Yes	No	No
5.1.4	soft-tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus).	Yes	Yes	Yes	Yes
5.1.5	primary or secondary repair of ligamentous structures.	Yes	Yes	Yes	Yes
5.1.6	tendon augmentation/supplementation/restoration.	Yes	Yes	Yes	No
5.1.7	open synovectomy of the rearfoot/ankle.	Yes	Yes	Yes	Yes
5.1.9	other elective reconstructive rearfoot/ankle soft-tissue surgery not listed above.	Yes	Yes	Yes	Yes
5.2.1	ankle arthroscopy without the removal of loose body or other osteochondral debridement.	Yes	Yes	Yes	No
5.2.3	subtalar arthroereisis.	Yes	No	Yes	No
5.2.4	midfoot, rearfoot, or ankle fusion.	Yes	Yes	Yes	Yes
5.2.5	midfoot, rearfoot, or tibial osteotomy.	Yes	Yes	Yes	Yes

Procedure Categories		Foot Surgery		RRA Surgery	
		Counts as Eligible? Need at least 30	**Core Procedure?** Need at least 8	**Counts as Eligible?** Need at least 30	**Core Procedure?** Need at least 8
5.2.6	coalition resection.	Yes	Yes	Yes	Yes
5.2.7	open management of talar dome lesion (with or without osteotomy).	Yes	Yes	Yes	Yes
5.2.8	ankle arthrotomy/arthroscopy with the removal of a loose body or other osteochondral debridement.	Yes	Yes	Yes	Yes
5.2.9	ankle implant.	Yes	Yes	Yes	Yes
5.2.10	corticotomy or osteotomy with callus distraction/ correction of complex deformity of the midfoot, rearfoot, ankle, or tibia.	Yes	Yes	Yes	Yes
5.2.11	other elective reconstructive rearfoot/ankle osseous surgery not listed above.	Yes	Yes	Yes	Yes
5.3.1	repair of acute tendon injury.	Yes	Yes	Yes	Yes
5.3.2	repair of acute ligament injury.	Yes	Yes	Yes	Yes
5.3.3	microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle.	No	No	No	No
5.3.4	excision of soft-tissue tumor/mass of the foot, ankle, or leg (with reconstructive surgery).	No	No	No	No
5.3.6	open repair of dislocation (proximal to tarsometatarsal joints).	Yes	Yes	Yes	Yes
5.3.7	other non-elective reconstructive rearfoot/ankle soft-tissue surgery not listed above.	Yes	Yes	Yes	Yes
5.4.1	open repair of adult midfoot fracture.	Yes	Yes	Yes	Yes
5.4.2	open repair of adult rearfoot fracture.	Yes	Yes	Yes	Yes
5.4.3	open repair of adult ankle fracture.	Yes	Yes	Yes	Yes
5.4.4	open repair of pediatric rearfoot/ankle fracture or dislocation.	Yes	Yes	Yes	Yes
5.4.5	management of bone tumor/neoplasm (with or without bone graft).	Yes	Yes	Yes	No
5.4.6	management of bone/joint infection (with or without bone graft).	Yes	No	Yes	No
5.4.7	amputation proximal to the tarsometatarsal joints.	Yes	No	Yes	No
5.4.8	other non-elective reconstructive rearfoot/ankle osseous surgery not listed above.	Yes	Yes	Yes	Yes
5.4.9	application of multiplanar external fisaction midfoot, rearfoot, ankle (does not include mini or mono rails).	Yes	Yes	Yes	Yes
6.0	Other Podiatric Procedures.	No	No	No	No