AMERICAN BOARD OF FOOT AND ANKLE SURGERY

Information and Requirements For Board Certification

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This document contains information specific only to the Spring 2025 examinations.

As of June 2025

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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.

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.

What Does It Mean to be Board Certified?

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, 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, 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

As of September 2020, candidates seeking ABFAS certification must follow the new certification process.

The new Board Certification process requires Board Qualified candidates to pass the Case Review Examination in addition to having an active, unrestricted medical license, and current hospital/surgery center surgical privileges. Candidates must become certified in foot surgery before becoming certified in RRA surgery, although candidates can apply for both Case Review exams in the same year or apply for RRA Case Review prior to Foot Case Review.

Please note, Board Qualified candidates who passed the 8-case Computer-based Patient Simulation (CBPS) exam to become Board Qualified must pass the 12-case NEW CBPS exam (or have passed the Part II CBPS examination) in addition to Case Review to become Board Certified. The former 8-case CBPS examination is not the psychometric equivalent of the NEW CBPS examination, which is the current requirement for Board Qualification. Please see *the ABFAS Board Qualification* document for additional information on the NEW CBPS examination.

	Former ABFAS Board Qualification and Certification Examinations Requirements	Board Qualification and Certification Examination Requirements as of September 2020
In-training Examinations (September)	PGY 1 & 2 take same examinations • Foot Surgery Didactic – 90 Items • Foot Surgery CBPS – 8 Cases PGY 3 (& PGY 4 where applicable) in PMSR/RRA programs • Foot & RRA Didactic – 90 Items • Foot & RRA CBPS – 4 Foot/4 RRA	PGY 1 & 2 (and PGY 3 in 4-year programs) take same examinations • Foot Surgery Didactic – 80 Items • Foot Surgery CBPS – 8 Cases • RRA Surgery Didactic – 80 Items • RRA Surgery CBPS – 8 Cases Final-year Residents take In-training Exams that are the equivalent of the new Board Qualification Examination Series (see below)
Part I Board Qualification	• Foot Surgery Didactic – 80 Items • Foot Surgery CBPS – 8 Cases • RRA Surgery Didactic – 80 Items • RRA Surgery CBPS – 8 Cases	• Foot Surgery Didactic – 80 Items • Foot Surgery CBPS – 12 Cases • RRA Surgery Didactic – 80 Items • RRA Surgery CBPS – 12 Cases Candidates will be able to apply their passing Final-year ITE scores for qualification purposes upon payment of a qualification fee.
Part II Board Certification	• Foot Surgery CBPS – 12 Cases • Foot Surgery Case Review • RRA Surgery CBPS – 16 Cases • RRA Surgery Case Review	Board Qualified prior to September 2020: • NEW Foot Surgery CBPS – 12 cases • Foot Surgery Case Review • NEW RRA Surgery CBPS – 12 Cases • RRA Surgery Case Review Board Qualified September 2020 or after: • Foot Surgery Case Review • RRA Surgery Case Review

Registration for Case Review

Register

To get started, log into the ABFAS website with 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.

For additional registration instructions click here.

Important things to know

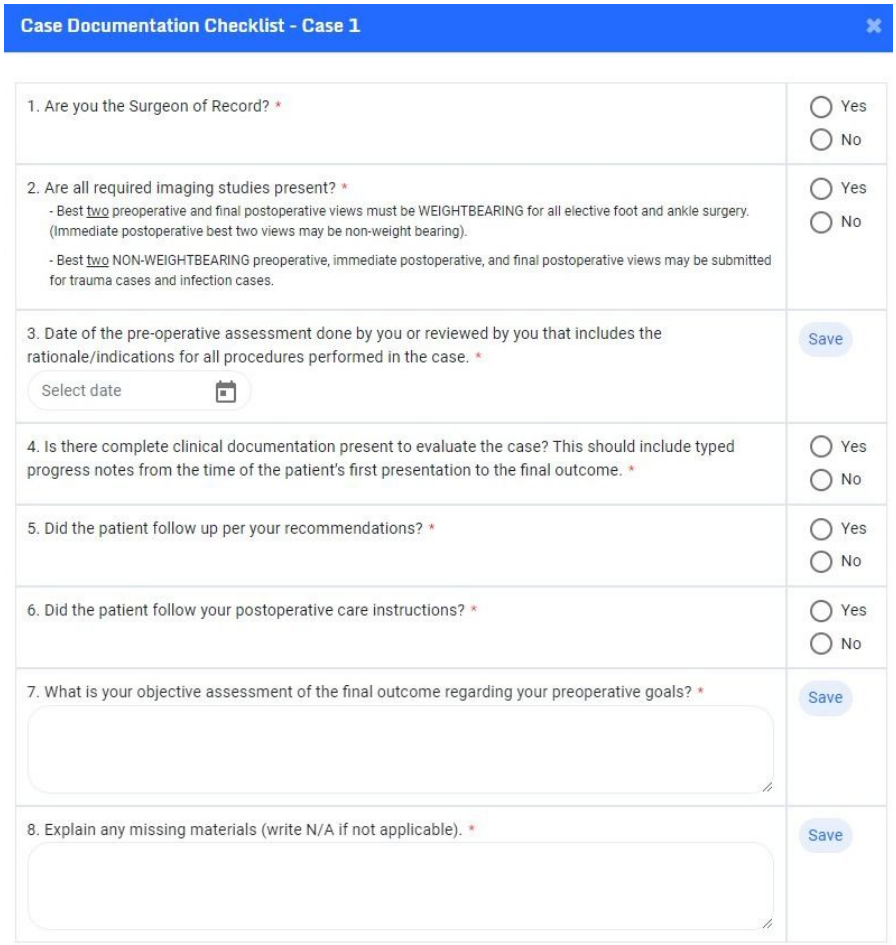
Surgeon of Record Timeframes and Document Clarification

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

Importance of Case Review Checklist

When you are ready to upload your case documentation, this 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 the patient follow your postoperative care instructions? *	◯ Yes ◯ No
7. What is your objective assessment of the final outcome regarding your preoperative goals? *	Save
8. Explain any missing materials (write N/A if not applicable). *	Save

Weight-bearing X-Rays

If your facility does not have access to weight-bearing x-ray machines, please answer no to Question 2 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. The following procedures require weight-bearing x-rays.

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
2.1.10 bunionectomy with double correction with osteotomy and/or arthrodesis
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 MPJ fusion
2.2.7 MPJ implant

2.3.2 osteotomy (e.g., dorsiflexory)
2.3.3 metartasocuneiform fusion (other than for hallux valgus or hallux limitus)
2.3.8 corticotomy with callus distraction
2.3.9 revision/repair of surgical outcome (e.g., nonunion, hallux varus)
5.2.4 midfoot, rearfoot, or ankle fusion
5.2.5 midfoot, rearfoot, or tibial osteotomy
5.2.6 coalition resection
5.2.10 corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia
5.3.4 excision of soft tissue tumor/mass of the foot, ankle, or leg (with reconstructive surgery)
5.3.6 open repair of dislocation (proximal) to tarsometatarsal joints)
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

Case Review

The Case Review process has four components: (1) PLS case logging; (2) completion of diverse procedures; (3) facility audit; and (4) case documentation and review.

Documentation

1. Podiatry Logging Service (PLS) Case Logging

Log all post-residency procedures for which you were the surgeon of record into the Podiatry Logging Service (PLS) for Surgery. You must log all surgical procedures into PLS to qualify for ABFAS certification. 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. ABFAS will request complete documentation for 11 foot and/or 11 RRA surgery cases that are in your PLS logs. ABFAS performs a hospital/surgery center audit as part of determining your eligibility for Case Review.

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.**

The PLS system will inform you when you have met the quantity and diversity requirements. If you click on the link at the top of the "Manage Case" page which states, "Do I meet the requirements?" it will generate a report that shows the number of cases in each qualifying category (see Case Requirements example below). In the report, the bottom of the table shows the minimum number of cases you need for Foot and for RRA case review eligibility. The center section addresses whether you have enough cases for ABFAS to select cases for the exam. If you have taken Case Review previously and were unsuccessful, ABFAS will not use previously reviewed cases again. Therefore, while you may meet the required minimum number of cases, you may not have enough cases to meet case selection criteria. This is why it's important for you to continue logging all cases until you pass Case Review.

Case Requirements

ABFAS has analyzed your cases according to the standards and requirements currently in effect. You will find the current version of the ABFAS Board Certification requirements here: Board Certification Document.

The case requirements represent the **minimum** number of cases you need before you can register for case review. Please note, upon completion of your residency you should log all surgical cases where you are surgeon of record.

You **meet** the 2023 case requirements for **Foot Surgery**.

You **do not meet** the 2023 case requirements for **Reconstructive Rearfoot/Ankle Surgery**.

- You do not have enough cases with Reconstructive Rearfoot/Ankle Surgery procedures required by ABFAS.

Foot Category	Minimum	Count
Total Cases	65	117
Total Foot Category Cases	30	67

Procedures	Limit	Count
2.1.3 bunionectomy with phalangeal osteotomy.	2	1
2.1.4 bunionectomy with distal first metatarsal osteotomy.	15	7
2.1.5 bunionectomy with first metatarsal base or shaft osteotomy.	15	3
2.1.6 bunionectomy with first metatarsocuneiform fusion.	15	1
2.1.7 MPJ fusion.	15	2
2.1.8 MPJ implant.	2	2
2.2.2 joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement).	2	1
2.2.3 joint salvage with distal metatarsal osteotomy.	15	4
2.2.4 joint salvage with first metatarsal shaft or base osteotomy.	15	3
2.2.5 joint salvage with first metatarsocuneiform fusion.	15	1

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Reconstructive Rearfoot/Ankle Category	Minimum	Count
Total Cases	30	32
Total RRA Category cases	13	12

PLS 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 on the list.
- ☐ 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.

2. Required Procedures

Candidates must log a minimum of 65 cases in PLS for eligibility to submit cases for review for Foot Surgery 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, you must log a minimum of 30 RRA surgery cases. Additionally, the RRA cases must include a minimum of 13 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 requirements. Cases 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 arthroeresis, foreign body/hardware removal, chondroplasty involving the bones of the hindfoot, or ostectomy **are not counted** toward the required 30 total.
- Open management of fractures must include some type of internal or external fixation.
- 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.**
- ABFAS **accepts** minimally invasive surgery procedures.

Required Cases for Case Review Eligibility

FOOT SURGERY CERTIFICATION	65
First Ray, Other Osseous, RRA Cases[a]	30[b]
RRA SURGERY CERTIFICATION	30[c]
RRA - Elective and Nonelective Osseous	13[c]

a. See Appendix A for more details.

b. List procedures involving only the hallux as digital procedures.
c. See Appendix B for more details.

The procedures within each major category must demonstrate the candidate's range of surgical experience.

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

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).
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).

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 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 2.2 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.

7) **Open management of fracture or metatarsophalangeal joint (MTPJ) dislocation** cases must include internal or external fixation.

8) In cases where a **subchondroplasty** procedure is 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 subchondroplasty is 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 5.16 (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 fractures or dislocations).

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).

12) Do not log treatment of **insufficiency fractures** with curettage and/or injection of biologics as ORIF fracture. The correct code is 4.18 (other osseous procedures not listed) or 5.2.11 (other elective reconstructive rearfoot/ankle osseous surgery not listed above), based on the location of the surgical site (forefoot vs rearfoot).

13) Please ensure you are using 4.3 **bunionectomy of the fifth metatarsal without osteotomy** correctly.

3. Documentation of Facility, Procedures, and Hospital/Surgery Center Privileges

Hospital/Surgery Center 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 into PLS. On **December 10, 2024,** ABFAS will email you detailed instructions on obtaining and submitting a case list and facility attestation letter to verify the list of procedures that you performed at that facility for a given period. **You will have until January 8, 2025, to upload the facility attestation letter and case list into PLS.** See Appendix F for a sample of a case list and attestation letter.

4. Case Documentation & Case Review

ABFAS will randomly select 11 Foot Surgery and/or 11 RRA Surgery cases from your PLS log for detailed documentation of the case. **On January 22, 2025, ABFAS will notify you via email that the list of selected cases**

is available on your PLS site. You will then upload complete documentation, including all images, into PLS for review. ABFAS does not allow paper submissions.

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 procedures that you submitted. This includes evaluation of preoperative clinical assessment, preoperative radiographic assessment, and post-operative care, as well as performance of the procedures(s) including technical skills assessment and outcomes analysis.

Case Documentation Instructions

ABFAS evaluates and scores all procedures based on materials provided by candidates. Providing incomplete documentation is a common error that may result in a lower score. A few important things to remember:

- All documents must be legible.
- Submit all typed/handwritten materials in PDF format.
- Please highlight your name where listed as surgeon and also highlight the surgery date. Taking these steps will help the reviewers during the surgeon of record check and also help you as you pull together your documentation so that you have 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 cases.**
- 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 following the procedure through final outcome. 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 addenda 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

- ☐ 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.

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.*

Appendix G provides examples of proper documentation.

Image Submission Requirements

General Requirements

The following general requirements apply to every image you upload 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. Appendix D provides 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.

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), either in initial or final outcome images. Axial calcaneal views are not required for subtalar or triple arthrodesis. You may submit up to ten (10) images per category. 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. For RRA surgery cases, CT may substitute for plain film x-rays if they show pathology.

	First Ray Surgery	Infection/ Other Osseous Foot Surgery	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).

Resources

The following is available on the ABFAS website Case Review Overview for Candidates web page. You must log in prior to access the presentations.

- ☐ Podcast “Case Review Preparation and PLS Logging”
- ☐ Webinar: An introduction to ABFAS Case Review: What Candidates Need to Know About Uploading Case Documentation (2023)
  Webinar: Case Review Overview for Candidates (2021 and 2024)

Examination Results

ABFAS will email you a notification after posting your exam results (log in to see your results) to your 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 took the NEW CBPS exam for board certification purposes, copies of the exam items are

not available. If you pass only one component of the Board Certification exams, you will receive credit for that component but will not achieve Board Certification status. Case Review credit is valid for 7 years or until your eligibility for ABFAS certification expires, whichever occurs first.

Appeals

A candidate who fails the 2025 Case Review examination may request a one-time appeal of the result if they provide an objective basis to overturn one or more of the findings. There is no retroactive appeal of prior Case Review examinations. The Case Review Appeal policy defines the procedures for this limited appeal.

Procedure to Initiate an Appeal Request

A candidate who desires to appeal may not communicate with ABFAS about their Case Review results or the appeal process other than under the terms of this policy.

A candidate may request an appeal of a specific or multiple Case Review finding(s) no later than 14 calendar days after ABFAS publishes the Case Review results on the candidate's profile page and notifies the candidate (usually by email) that the results are available (the "Case Review Results Release Date"). A request for appeal must be submitted by completing the required fields in ABFAS' online Case Review Appeal Request form. The form contains all the information from the candidate's score report. **The candidate must provide initial comments for ALL cases that they are appealing.**

Appeal Initial Review
An ABFAS representative, usually the ABFAS Chief Medical Officer, will review the candidate's online submission and contact the candidate to discuss the candidate's comments and basis for appeal during a single phone call to occur no later than 30 calendar days after the Case Review Results Release Date.

Procedure to Request an Appeal

If after the phone call with the ABFAS representative, the candidate determines to continue to pursue an appeal, the candidate must, no later than 55 calendar days after the Case Review Results Release Date, submit their Final Comments via the online submission portal by reviewing and editing the "My Comments" section as needed, explaining the candidate's basis for appeal of each case. The candidate's "My Comments" section may not include, and ABFAS will not consider, any additional documentation not originally submitted as part of the Case Review submission, unless ABFAS requests the appellant to upload the documentation.

After submitting the Final Comments, candidates can either click "Continue to Payment" to initiate the payment process, or they can return to the "Home Page" if they need to submit final appeals for the other Case Review exam (if applicable).

The online appeals form allows for online payment of the appeals fee via credit card. If a candidate prefers to pay by check, please mail the check, via trackable delivery such as FedEx, UPS, or USPS with tracking to the American Board of Foot and Ankle Surgery, Attn: Case Review Appeals, 445 Fillmore Street, San Francisco, CA 94117. Please

make the valid check payable to the American Board of Foot and Ankle Surgery in the amount of $4,000. If the candidate is appealing findings in the Foot Surgery and RRA Surgery exams, the cost is $8,000.

ABFAS will not consider appeals that fail to strictly comply with this policy.

ABFAS Procedure for Review Panel

ABFAS will convene a Review Panel of three ABFAS Diplomates who participated in the most recent Case Review examination but did not score the candidate's appealed Case Review submission(s). The Review Panel's members will remain confidential, and each member is prohibited from having any other communication with the candidate that is in any way related to the appeal. The appealing candidate may not initiate any other communication with Review Panel members related to the appeal and may not be present for the Review Panel's review of the candidate's submission.

Upon review of the candidate's written submission, the Review Panel will determine whether to leave the result unchanged or to revise one or more of the appealed findings. If the Review Panel decides to revise one or more findings, the revised finding(s) will be provided to an independent psychometrician to re-score the candidate's Case Review using the same scoring methodology previously applied. If the re-scored Case Review meets or exceeds the minimum passing score, the candidate will pass Case Review and receive a refund of the appeal fee.

No later than 10 calendar days after either a decision not to revise any finding or completion of the re-score, ABFAS will send a letter to the candidate by overnight, trackable delivery communicating the result of the appeal. The Review Panel's decision is final. By submitting a request for appeal, the candidate accepts the outcome and acknowledges that there is no further obligation by ABFAS.

Step	Deadline: Calendar Days After Case Review Results Release Date
Submit Initial Online Appeal Form	14 days
ABFAS Representative Calls Appellant	30 days
Appellant Submits Final Online Appeal Form	55 days
ABFAS Responds to All Appellants	90 days

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.

Additional 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.

Diplomate Certificates

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

- Diplomate of the American Board of Foot and Ankle Surgery® with Certification in Foot Surgery

and (if applicable)

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

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.

Statute of Limitations

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).

Calendar

A full calendar for all ABFAS examinations and deadlines is available at Exam Calendar. The dates that pertain to the Board Certification Case Review examination are repeated below for convenience.

November 4, 2024 – Case Review registration opens.

December 6, 2024 – Case Review registration closes.

December 10, 2024 – ABFAS sends candidates instructions for hospital/surgical center audit.

January 8, 2025 – Deadline for hospital/surgical center audit documentation.

January 22, 2025 – The list of your procedures selected for Case Review is available on the PLS website.

March 14, 2025 – Deadline for candidate submission of complete electronic case documentation. You must submit by 11:59 pm Pacific Time on March 15, 2024.

April 10-12, 2025 – Case Reviewers meet. Candidates do not attend case review.

Examination Fees

Case Review Examination Fee	
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

APPENDIX A

Expanded List of Categories for Foot Certification Case Review

Please ensure that you correctly log procedures into PLS. Case reviewers evaluate procedures 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. Procedures are evaluated based on surgical decision-making, preoperative clinical assessment, preoperative radiographic assessment, perioperative ancillary laboratory 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
2.1.10 bunionectomy with double correction with osteotomy and/or arthrodesis

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

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 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 primary or secondary repair of ligamentous structures
5.1.6 tendon augmentation/supplementation/restoration

Elective – Osseous

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 lesion (with or without osteotomy)
5.2.8 ankle arthrotomy/arthroscopy 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, ankle, or leg (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
5.4.9 application of multiplanar external fixation midfoot, rearfoot, and ankle (does not include mini or mono rails)

APPENDIX B

RRA Surgery Certification requires logging a minimum of 30 RRA procedures. Of this 30, ABFAS requires logging a minimum of 13 procedures from the following list.

RRA Elective Osseous

- 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

- 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

Please ensure that you correctly log procedures into PLS. Case reviewers evaluate procedures based on the category you have assigned. Open management of fracture dislocation cases must include internal or external fixation. Procedures are evaluated based on surgical decision-making, preoperative clinical assessment, preoperative radiographic assessment, perioperative ancillary laboratory 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/exostectomy
1.2 phalangectomy
1.3 arthroplasty (interphalangeal joint [IPJ])
1.4 implant (IPJ), silastic implant or spacer
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 (**30 procedures**). Procedures isolated to the hallux should be logged as digital procedures.

Hallux Valgus Surgery

2.1.1 bunionectomy (partial ostectomy/Silver procedure) with or without 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 MPJ fusion
2.1.8 MPJ implant
2.1.9 MPJ arthroplasty
2.1.10 bunionectomy with double correction with osteotomy and/or arthrodesis

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
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
2.3.10 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 (MPJ/tarsometatarsal)
3.8 incision and drainage/wide debridement of soft-tissue infection includes foot, ankle, and leg
3.9 plantar fasciectomy/plantar fibroma resection
3.10 excision of soft-tissue tumor/mass of the foot (without reconstructive surgery) includes foot, ankle, and leg
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).
3.16 external neurolysis/decompression (including tarsal tunnel)
3.17 decompression of compartment syndrome (includes foot or leg)

4. Osseous Foot Surgery

4.1 partial ostectomy includes foot, ankle, and leg
4.2 lesser MPJ arthroplasty
4.3 bunionectomy of the fifth metatarsal without osteotomy
4.4 metatarsal head resection (single or multiple)
4.5 lesser MPJ 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 includes foot, ankle, and leg
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)
4.19 detachment/reattachment of Achilles tendon with partial ostectomy

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 primary or secondary repair of ligamentous structures
5.1.6 tendon augmentation/supplementation/ restoration
5.1.7 open synovectomy of the rearfoot/ankle
5.1.9 other elective reconstructive rearfoot/ ankle soft-tissue surgery not listed above

Elective –Osseous

5.2.1 ankle arthroscopy without the removal of loose body or other osteochondral debridement
5.2.3 subtalar arthroeresis
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 lesion (with or without osteotomy)
5.2.8 ankle arthrotomy/arthroscopy with the removal of a 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, ankle, or leg (with 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
5.4.9 application of multiplanar external fixation midfoot, rearfoot, and ankle (does not include mini or mono rails)

6.0 Other Podiatric Procedures

APPENDIX D

ABFAS SPRING 2025 EXAMINATIONS
Which Exams Do I Need to Take? Board Certification

ABFAS offers a personalized exam pathway to candidates via its website. Please refer to it for the most accurate information.

NOTES:
1. **Passed exam scores are valid for seven (7) years. If the failed section is not passed at the end of seven (7) years, the candidate must retake ALL sections in that exam series in order to fulfill those exam requirements.**
2. **Candidates are limited to seven (7) years to achieve Board Certified status after becoming Board Qualified.**

APPENDIX E

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 and date taken **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.

APPENDIX F

Sample: Case Review Facility Audit Case List

ABFAS Hospital and Surgery Center
Date Range: December 1, 2018 – March 20, 2019

DPM: Jane Doe

Date of Procedure	Procedure name	Surgeon
December 1, 2018	First MPJ implant	Dr. Board
December 3, 2018	Partial Phalangectomy	Dr. Board
December 8, 2018	Tailor's bunionectomy	Dr. Board
December 17, 2018	First MPJ implant	Dr. Board
January 4, 2019	Austin bunionectomy	Dr. Board
January 6, 2019	Austin bunionectomy	Dr. Board
January 9, 2019	Partial Phalangectomy	Dr. Board
January 18, 2019	Tailor's bunionectomy	Dr. Board
February 15, 2019	Austin bunionectomy	Dr. Board
February 18, 2019	Partial Phalangectomy	Dr. Board
February 21, 2019	Austin bunionectomy	Dr. Board
March 2, 2019	Austin bunionectomy	Dr. Board
March 5, 2019	Partial Phalangectomy	Dr. Board
March 9, 2019	Partial Phalangectomy	Dr. Board
March 13, 2019	First MPJ implant	Dr. Board
March 20, 2019	Tailor's bunionectomy	Dr. Board

- Please note: This is the minimum information ABFAS requires in both details and format. If the facility includes the patient's name or medical number, that is fine. ABFAS does not accept CPT codes in place of procedure names.

Sample: Facility Audit Attestation Letter

Letterhead

Main Street, Anytown USA

Date: January 30, 2020

Re: Jane Abfas, DPM

To Whom It May Concern,

Please find attached a list of surgical cases performed at Letterhead by Dr. Jane Abfas between 05/19/2019 to 07/12/2019. I attest that this is an accurate and complete list for the above stated time period.

Sincerely,

_____

Director

-

APPENDIX G

Sample of Case Documentation That You Upload into PLS

Appendix G provides samples of case documentation. Institutions use different types of records, so your institution's reports may differ from these. ABFAS is providing samples to provide guidance as to the types of required reports.

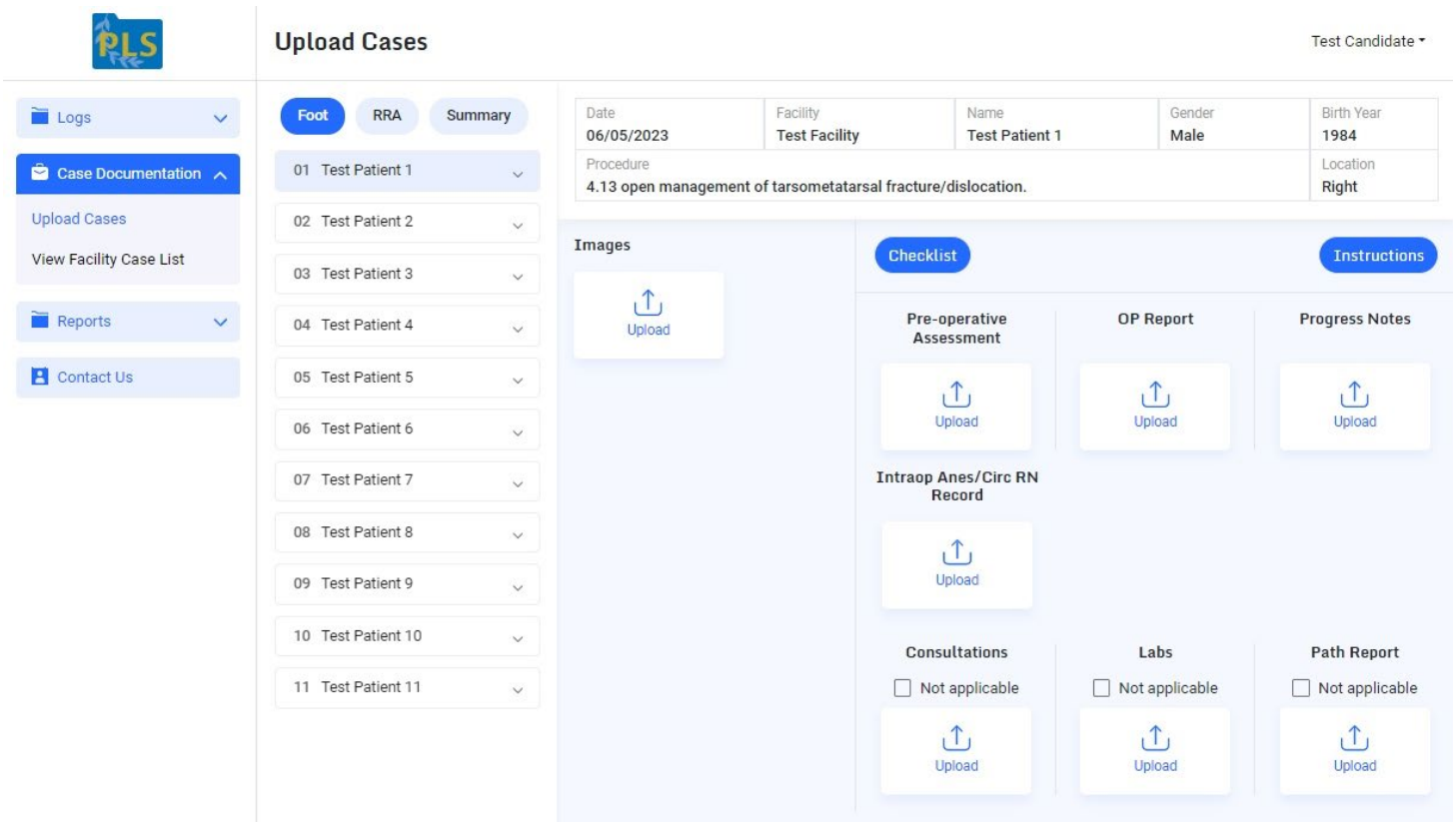
The reports are samples. The contents of these reports are not examples of expectations of a high or low scored case. It is to provide enough information so that you understand the document types.

The samples are in order of the categories in PLS:

- Pre-operative Assessment
- Op Report
- Progress Notes
- Intraoperative Anesthesia/Circulator RN Record
- Consultations
- Labs
- Pathology Report

Please do NOT redact your documents! The samples show redactions as they are from real cases. Do not redact the documents that you upload!

The following page shows the screenshot of what you will see when you upload. The sample documentation shows these categories and examples of the types of documentation you would include in your upload for each of the categories.


Upload Cases
Test Candidate
Logs
Case Documentation
Upload Cases
View Facility Case List
Reports
Contact Us
Foot
RRA
Summary
01 Test Patient 1
02 Test Patient 2
03 Test Patient 3
04 Test Patient 4
05 Test Patient 5
06 Test Patient 6
07 Test Patient 7
08 Test Patient 8
09 Test Patient 9
10 Test Patient 10
11 Test Patient 11
Date
06/05/2023
Facility
Test Facility
Name
Test Patient 1
Gender
Male
Birth Year
1984
Procedure
4.13 open management of tarsometatarsal fracture/dislocation.
Location
Right
Images
Upload
Checklist
Instructions
Pre-operative Assessment
OP Report
Progress Notes
Upload
Intraop Anes/Circ RN Record
Consultations
Labs
Path Report
Not applicable
Not applicable
Not applicable