

**The American Board of Plastic Surgery, Inc.®**



**HAND SURGERY EXAM  
FOR INITIAL SUBSPECIALTY  
CERTIFICATION**

**2024 BOOKLET OF INFORMATION  
AND CLINICAL CASE LOG MANUAL**

**1601 Market Street, Suite 900  
Philadelphia, PA 19103-2204  
215-587-9322**

**E-mail: [hand@abplasticsurgery.org](mailto:hand@abplasticsurgery.org)**

**ABPS Website: [www.abplasticsurgery.org](http://www.abplasticsurgery.org)**

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# HAND SURGERY EXAMINATION IMPORTANT DATES AND DEADLINES

HSE Online Clinical Case Log available	<b>December 1, 2023</b>
HSE Online Application available Last Date to Request HSE Application Material	<b>January 1, 2024</b>
<b>Deadline - HSE Applications and 15-month Case Log Finalized</b>	<b>February 2, 2024</b>
Applications Finalized with Late Fee	<b>February 3 – 9, 2024</b>
Application Approval Letters and online Registration Forms available	<b>March 1, 2024</b>
<b>Deadline - HSE Online Registration Forms Finalized</b>	<b>April 1, 2024</b>
Registration Form Finalized with Late Fee	<b>April 2 – 8, 2024</b>
HSE Scheduling Permits available	<b>June 2024</b>
Hand Exam Withdrawal Date with Partial Refund	<b>July 5, 2024</b>
<b>Hand Exam for Initial Subspecialty Certification – Pearson Test Centers</b>	<b>August 5, 2024</b>
Hand Exam Results available	<b>November 2024</b>
Hand Subspecialty Certificates mailed	<b>December 2024</b>

## **Board Office Policies and Reminders**

- Diplomates with incomplete materials will be notified via email.
- The Board Office is unable to accept faxed or emailed documents in lieu of required uploads to the Application or Registration Form. Contact the Board Office for assistance.
- Payment of Fees is accepted only by credit card – VISA, MasterCard or American Express.
- Notification of change in address, telephone number, email, etc. must be updated on the Board’s website under “My Profile” after secure log in.
- Note all Board deadline dates carefully to avoid penalties or exclusion from the examination.
- Stay current on all Board requirements via the Board’s website.

**If you need assistance, please contact the Board Office at [hand@abplasticsurgery.org](mailto:hand@abplasticsurgery.org).**

THIS BOOKLET OF INFORMATION SUPERSEDES ALL PREVIOUSLY PUBLISHED BOOKLETS OF INFORMATION OF THE BOARD CONCERNING REQUIREMENTS, POLICIES AND PROCEDURES AND MAY BE MODIFIED AT ANY TIME.

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## Advisory Council Members

The members listed below were nominated from the American Association of Plastic Surgeons (AAPS), the American Society of Plastic Surgeons (ASPS), the Aesthetic Society, the American Association for Hand Surgery (AAHS), the American Society for Surgery of the Hand (ASSH), the American Society of Maxillofacial Surgeons (ASMS), the American Society for Reconstructive Microsurgery (ASRM) and the American Society of Craniofacial Surgery (ASCFS).

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Melissa M. Hill, Oral Examination Coordinator  
Stephanie L. Kash, Continuous Certification Program and Hand Surgery Examination Coordinator  
Cassandra Kosielowski, Ethics Coordinator and Examination Associate  
Sarah S. Praul, Credentialing Specialist and Examination Associate

## **Mission Statement**

The Mission of The American Board of Plastic Surgery, Inc. is to promote safe, ethical, efficacious plastic surgery to the public by maintaining high standards for the education, examination, certification and Continuous Certification of plastic surgeons as specialists and subspecialists.

## **Purpose**

The purpose of this Booklet of Information is to describe the Board's Hand Subspecialty Certification Program and, in particular, to describe the application process, the case collection and the knowledge-based examination. This Booklet of Information supersedes all previously published information of the Board covering requirements, policies and procedures and may be modified at any time.

## **Change in Contact Information**

Keep your mailing address, telephone number, facsimile, and email current with the Board through your Physician Profile on the Board's website, [www.abplasticsurgery.org](http://www.abplasticsurgery.org). Email is the primary source of communication between you and the Board.

**All inquiries regarding Hand Subspecialty Certification or Recertification should be addressed to the Board Office at [hand@abplasticsurgery.org](mailto:hand@abplasticsurgery.org) or 215-587-9322**



# Hand Surgery

## Definition

Hand surgery is the special field of medicine that includes the investigation, preservation, and restoration by medical, surgical, and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.

## General Information

In 1982, the American Boards of Orthopaedic Surgery, Plastic Surgery, and Surgery were asked by the American Association for Hand Surgery and the American Society for Surgery of the Hand to consider special recognition of those diplomates of these Boards who had demonstrated special qualifications in hand surgery. An Ad Hoc Committee was formed which included representatives from the three Boards and the two Societies. In 1984, the Ad Hoc Committee was reorganized as a Joint Committee and empowered by the Boards to explore further the feasibility of the certification process. The Joint Committee recommended that the three Boards apply to the American Board of Medical Specialties (ABMS) for authorization to offer a Hand Subspecialty Certificate.

The American Board of Plastic Surgery, Inc. is not an educational institution and the certificates it issues are not to be considered degrees. The Hand Subspecialty Certificate does not confer legal privileges or license to practice medicine or the specialty of hand surgery. Standards of certification are clearly distinct from those of licensure. Possession of a Hand Subspecialty Certificate does not indicate total qualifications for practice privileges nor does it imply exclusion of others not so certified. There is no requirement or necessity for a diplomate of The American Board of Plastic Surgery, Inc. to hold a Hand Subspecialty Certificate to be considered qualified to include hand surgery within the practice of plastic surgery. Under no circumstances should a diplomate be

considered not qualified to practice within an area of a subspecialty solely because of lack of subspecialty certification.

The American Board of Plastic Surgery, Inc. has never been concerned with measures that might gain special privileges or recognition for its diplomates in the practice of hand surgery or of the primary specialty of plastic surgery. It is not the intent nor has it been the function of the certificate or of the Board to define requirements for membership on the staffs of hospitals or to determine who shall or shall not perform hand surgery. The Board intends the Hand Subspecialty Certificate to represent those surgeons who, by virtue of additional fellowship training, practice characteristics that reflect a major commitment to hand surgery, and contributions to this field, have demonstrated qualifications in hand surgery that deserve special recognition.

# ***Hand Subspecialty Initial Certification***

## **The Hand Surgery Examination (HSE)**

The HSE for Initial Certification is developed and administered by the Joint Committee on Hand Surgery of the American Boards of Orthopaedic Surgery, Plastic Surgery, and Surgery. The examination was first administered in 1989, and subsequent examinations are administered annually. The examination consists of multiple-choice questions designed to evaluate the diplomate's cognitive knowledge of clinical hand surgery and the basic science relevant to hand surgery. Examination questions are prepared by, and are at the direction of, The American Board of Plastic Surgery, Inc., The American Board of Surgery, Inc. and The American Board of Orthopaedic Surgery (hereinafter "Boards"), the sole and exclusive property of the Boards, and said examination questions are protected under the copyright laws of the United States and other countries. The examination items may only be used for such purposes as are designated by the Boards. All other rights are reserved by the Boards.

## **Hand Surgery Examination Content Categories**

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### **I. Basic Science**

- A.** Anatomy
- B.** Mechanics
- C.** Biology/Physiology/Healing
- D.** Pathology/Tumors
- E.** Diagnosis

### **II. Bone and Joint**

- A.** Fractures/Dislocations (including non-union/malunion)
- B.** Arthritis
- C.** Contractures
- D.** Wrist Instability
- E.** Osteonecrosis

### **III. Nerve – Muscle – Tendon**

- A. Peripheral Nerve
  - B. Central
  - C. Brachial Plexus
  - D. Muscle – Tendon
- IV. Wound Management**
- A. Physical Agents
  - B. Coverage
  - C. Nailbed/Fingertip
  - D. Amputations
- V. Vascular**
- A. Injury and Repair
  - B. Reconstruction
  - C. Ischemia
  - D. Malformations
  - E. Replantation
  - F. Lymphedema
- VI. Rehabilitation**
- A. Prosthetics
  - B. Orthotics
  - C. Physical Modalities/Therapy
- VII. Miscellaneous**
- A. Congenital Anomalies
  - B. Infection
  - C. Dystrophy/Pain
  - D. Ethics and Professionalism
  - E. Anesthetics

**The ABPS does not provide a study guide for the  
Hand Surgery Examination.**

## Requirements for Initial Certification

To meet the requirements for Hand Subspecialty Certification, the following provisos and documentation must be completed by the applicant:

1. Must be a diplomate of The American Board of Plastic Surgery, Inc.
2. Must have been in the active practice of hand surgery for *at least 15 months* at the time of examination following the completion of all formal training.
3. Must have a current, valid, full and unrestricted license to practice medicine in a state, territory, or possession of the United States or by a Canadian province. The applicant must not be the current subject of any disciplinary action or sanction including, but not limited to, license revocation, suspension, qualification or other sanction, and must continue to be licensed throughout the certification process.
  - Must submit a photocopy of this license and all registration certificate(s), bearing a valid expiration date with the Application Material and an expiration date valid at the time of the examination with each Reply Form submitted.
  - Restrictions or sanctions to any medical license must be reported to the Board Office within 60 days of the restriction.
  - Restrictions will delay the diplomate's progress through the examination process.

**NOTE:** If practicing in a country other than the United States or Canada, a valid unrestricted license, translated into English, from that country is required and must be uploaded online. Foreign licenses will be accepted if the physician's license to practice medicine in a state or territory of the United States or

Canada has not been suspended or revoked and has not lapsed or been surrendered in one or more jurisdictions to avoid sanctions by the jurisdiction's licensing authority.

4. Must limit major professional activity to the field of plastic surgery and/or hand surgery.
5. Must maintain an ethical standing in the profession and moral status in the community acceptable to the American Board of Plastic Surgery, Inc. (ABPS) and in conformity with the Code of Ethics of the Board. Moral and ethical practices that do not conform to the Board's Code of Ethics may result in rejection of an application or in deferral of examination until such matters have been satisfactorily resolved.
6. Must be actively engaged in the practice of hand surgery as indicated by holding full operating privileges in an accredited hospital throughout the examination process.
  - Letters of verification of current hospital medical staff privileges in hand surgery and/or plastic surgery must be provided to the Board from all medical staff office(s) of each institution. Start and end dates of privileges must be listed.
  - **Accreditation Certificates from Outpatient Surgical Facilities:** Certificates or currently-dated documentation verifying the accreditation or the accreditation in process of all non-hospital surgical facilities, where the diplomate operates, must be provided. **It is expected that all surgery performed under IV sedation or general anesthetic is performed in an accredited center.**
7. Must complete a hand surgery fellowship of 12 consecutive months, with a minimum of 48 clinical weeks. Diplomates who entered a fellowship in Hand Surgery July 1, 1999 and

thereafter must satisfactorily complete a 12-month fellowship which is accredited by the Accreditation Council for Graduate Medical Education (ACGME). The fellowship may be taken either before or after plastic surgery residency, as long as all of the requirements of both the residency and fellowship have been fulfilled. A Hand Surgery Operation Log (HSOL) from the fellowship must be submitted as part of the Exam Application. **Non-ACGME fellowships are not accepted.**

8. Must submit a 15 consecutive month case list within the two years preceding submission of the Application Material. Hand surgery includes only those procedures performed on the upper extremity directly affecting the form and function of the hand and wrist. **More details and instructions on compiling the case list can be found later in this booklet.**
9. It is expected that ABPS hand surgeons demonstrate contributions and dedication to the discipline of hand surgery through teaching, publications, administration, and research.
10. Must submit an online Application, upload all required documents, and pay the established fees by credit card.
11. Must receive satisfactory Peer Review evaluations as to surgical qualifications by the current **Chief of Staff or Chief of Surgery** in the primary hospital and by **two hand surgeons**, local or regional, who are familiar with the diplomate's current work in hand surgery.
12. Must successfully pass any and all examinations prescribed by the Joint Committee on Hand Surgery of the American Boards of Orthopaedic Surgery, Plastic Surgery, and Surgery.



## **Restrictions to Medical Licensure**

It is the diplomate's responsibility to report, within 60 days, all disciplinary actions to medical licenses from any and all State Medical Licensing Boards. The following sanctions by any and all State Medical Licensing Boards where the diplomate holds a license are considered a restricted license and will delay a diplomate's admissibility to the examination process:

1. Limitation or Restrictions on practice or parts of practice
2. Probation
3. Probation with monitoring
4. Probation with supervision
5. Suspension

Other sanctions to a diplomate's medical license such as reprimands, fines, citations, community service or a stayed suspension must also be reported to the Board and will be considered by the Ethics Committee before a diplomate is admissible to the Hand Surgery Examination.

## **Notification of Admissibility**

Once the requirements have been met and the Application for Hand Subspecialty Certification with the case log has been approved, diplomates will be sent an email notification that the Approval Letter is available for download from the Board's website at [www.abplasticsurgery.org](http://www.abplasticsurgery.org).

## **Policy for Admissibility**

The American Board of Medical Specialties (ABMS) approved an eligibility policy which sets limits for attaining board subspecialty certification after post-residency fellowship training effective March 1, 2017. Member boards must limit the period of time that may lapse between the completion of an ACGME accredited residency training or subspecialty fellowship program and attainment of board subspecialty certification. The ABPS has set this limit to no more than 9 years to include time in practice and case list requirements for admission to the certifying

examination. Candidates who completed subspecialty training prior to January 1, 2018 who have not yet achieved subspecialty certification must do so by January 1, 2025.

### **Certificates**

A diplomate who has met all the requirements and has successfully completed the examination will receive a Hand Subspecialty Certificate issued by the Board. **Certificates issued by the Board are valid for 5 years from the date of issuance.**

- Participation in the Continuous Certification Program is required to support the validity of the subspecialty certificate.
- Certificates will not be issued unless all requirements are current for participation in the Board's Continuous Certification Program.
- Expiration of the primary plastic surgery certificate automatically causes expiration of the HSC.
- Diplomates with an expired primary certificate will not be listed as holding the HSC until all Continuous Certification requirements are met.

# **Case List Compilation Requirements**

1. You must submit a case list with a maximum of 15 consecutive months of hand surgery cases performed within the two years preceding submission of the Application Material. The case list must include at least 125 hand cases during the 15-month period. If you reach the total required case number, and fulfill the category requirements, prior to completing the specified 15-month period, you may finalize your case log.
2. Do not list assistant cases, namely cases billed by the diplomate as an assistant surgeon. Cases performed by a resident and attended by the diplomate, or cases billed as co-surgeon should be included on the case list, and noted as such in the procedure section. Co-surgeon cases must include evaluation, surgical plan and follow-up care of the patient by the diplomate applying for Hand Surgery Certification.
3. Do not list voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care.
4. The list must include all operative procedures performed on the same patient within the 15-month reporting period. Hospital (or other) identifying numbers and patient initials must be consistent for the patient with multiple procedures (i.e. if a patient is listed at more than one institution, the same identifying number must be used to identify the patient).
5. All operative procedures on the **upper extremity** must be included whether inpatient, outpatient, or office-based surgery during the 15-month reporting period. All patients hospitalized by the diplomate as the admitting physician must also be included, even if the patient is managed non-operatively. All emergency room patients who required an operative note must be included. Do not include inpatient consultations on patients admitted by physicians on other

services that did not culminate in a surgical procedure. Office-based surgery that does not require a dictated note does not need to be included. However, the Board suggests that the diplomate err in the direction of inclusion of cases rather than exclusion.

6. The automatic CPT code descriptors, which are visible when a CPT code is entered, are the copyright of the American Medical Association (AMA). A CPT code frequency field is included so that a CPT code may be entered once with the number of times the procedure was performed (e.g. X2, X3, etc. for multiple skin grafting procedures).
7. The case list must include at least 125 cases fulfilling at least five of the following nine categories:

<u>CATEGORY</u>	<u># OF CASES</u>
Bone and Joint (distal to the elbow joint) ...	20
Nerve .....	20
Tendon and Muscle.....	20
Skin and Wound Problems.....	14
Contracture and Joint Stiffness.....	10
Tumor .....	10
Congenital .....	3
Microsurgery Vascular .....	3
Non-operative .....	6
(a limit of 6 non-operative cases will be counted)	

The numbers indicate the minimum number of cases to qualify as one of the required five categories. If conducting more than one procedure during an operation, only the primary

procedure should be counted. Non-operative cases are those which require significant evaluation, such as pain problems. Only six non-operative cases may be counted towards the 125 minimum cases requirement.

8. Case classification is a two-part item in order to reduce the category overlap. The **Category** relates to the nature or origin of the defect. The **Anatomy** relates to the anatomical location of the procedure (**Choose Hand as the Anatomy for Hand Surgery case collection**). In the Clinical Case Log screen, these fields become available when the *Add CPT Code* option is clicked. One selection from each column is required. The Board Office staff cannot advise the Diplomate on how to classify a case. Diplomates should use their professional discretion to make the most reasonable assignment for each case.
9. Complex operative management represents a more substantial surgical operative experience than a less complex single task surgery. A complex injury is defined as those cases which involve several of the nine categories in addition to the skin/wound category. Therefore, in an injury involving the volar wrist, multiple tendons and the median nerve would 'count' as two categories, tendon and nerve – but not additionally for the skin closure. Further, no single operative case would be allowed to count for more than three categories towards the requirement of 125 cases.

For example, the management of a complex mutilating injury involving repair of muscle, tendon, nerve, vascular injury, and skin would count for tendon and muscle, nerve, and microsurgical vascular, but not for the skin. This example clearly indicates a more complex operative experience than a simple, single task surgery. Those cases in which the involvement of two categories is part of a single focus surgery, such as the use of a tendon in ligament

reconstruction and tendon interposition of the basal joint, would continue to count as only one case.

10. Providing “outcome” information is essential. A complications menu appears when “Adverse Events” is selected. Not all cases “heal without complications.” Examples include “necrosis of tip of flap” or “normal sensation returned, but index finger stiff after tendon repair.” Complications are displayed on the case list only as a Minor, Moderate or Major Adverse Events. Narrative statements can also be included in the Adverse Events text box. The outcome categories are:

- #1 **No Adverse Events:** No complication or complication so trivial that no intervention is required.

- #3 **Adverse Events:** Check all that apply including delayed healing, infection, unplanned consultation with another specialist, adverse event such as DVT, MI, PE, or Flap loss or unplanned re-operation. A short description of the adverse event is required in the text box provided.

11. Complete the Mortality within 30 days of the procedure box. This is a required field and is displayed on the case list.

# Clinical Case Log Manual



**Note: These directions will be updated on the website as needed.**

**Technical Assistance is available.**

**Please contact Web Data Solutions at  
[ABPS@dataharborsolutions.com](mailto:ABPS@dataharborsolutions.com) or 312-944-0642  
Monday-Friday: 9:00 a.m. - 5:00 p.m. Central Time**


**System Requirements:**

In order to use the Clinical Case Log web-based tool you will need a computer with high-speed internet access. The recommended web browsers are updated versions of Google Chrome and Internet Explorer.

**Board website: <https://www.abplasticsurgery.org>**

**Step 1 – Registration**

You are pre-registered on the Board’s website.

 Your username and password have been preset by the Board. Your username is your six digit Board ID number and your password is your last name with the first letter capitalized (e.g. Smith). If you customized your login information, it remains unchanged.

 **Access the Clinical Case Log link via your Hand tab on the Board’s website.**

**Step 2 – Setting Up Your Profile**

- Please read the Terms and Conditions carefully. If you agree to them, click the “Yes” button at the bottom of the page.

There is a Business Associate Agreement between yourself and the Board for the confidentiality of the entered data.

- You must enter the state that you completed your plastic surgery training.
- You must indicate the start date of your 15-month hand surgery case list. All hand cases entered for the Oral Examination during the 15-month time frame specified will appear on the hand case list.
- Click the link “Click here to add a facility...” to add facilities at which you have surgical privileges. You will need to complete:
  - ❖ **Facility Name** - Use abbreviations if name of facility is unusually long as this can cause printing problems in the statistics sheet.
  - ❖ **Facility Type** (i.e. Acute Care, Ambulatory Care, etc.)  
Note: A designation of Ambulatory Care will dictate an “outpatient” type for all cases listed at those facilities.
  - ❖ **Facility Zip Code**
  - ❖ **Admission Type(s)**
  - ❖ **Level of credentialing at facility:** Active, Admitting, Consultant, Attending, Courtesy or Other
  - ❖ **Surgery Center Accreditation Type (if applicable)**
  - ❖ **Surgery Center Accreditation Program (if applicable):** 1. AAAASF; 2. AAAHC; 3. The Joint Commission; 4. Medicare Certification; 5. State Licensure; 6. Other: \_\_\_\_\_
  - ❖ Explanation for non-accredited surgical facilities stating reason for lack of accreditation (if applicable)
- Click the Add Facility button. Repeat the above process to add more facilities.

## Step 3 – Collecting Case Data

- Click on “Click here to add a case...”
- All required fields will appear with a red asterisk. This includes first name and last name (initials) of patient. Complete all required fields - **YOU CANNOT FINALIZE YOUR CASE LIST UNLESS ALL REQUIRED FIELDS ARE COMPLETE.**

### Patient Information

- ***Enter patient name.*** Only patient initials (first and last) will be displayed to the Board and on the printed case list. For added confidentiality, use only patient initials.
- ***Enter a patient number in the medical record # field.*** Use the same patient number for all procedures for the same patient during the case collection time regardless of the location (e.g. office, outpatient facility, hospital) to allow for cross-referencing. Do not use full social security numbers to protect patient confidentiality. **Please follow your institution’s guidelines for patient confidentiality and HIPAA and State compliance requirements.**
- ***Enter patient date of birth.***
- ***Enter patient gender.***

### Facility and Procedure Information

- ***Enter Hospital/Facility Name.*** Click the “Edit Facility” link to add/edit the name of a facility.
- ***Enter the admission status as inpatient or outpatient.*** An inpatient admission is defined as an overnight stay of more than one night. An outpatient admission is defined as 23 hours or less.

- **Enter the procedure date.** Multiple procedures on the same patient, on the same date, should be entered as one case. Use the date of admission for non-operative inpatient cases.
- **Enter duration of procedure.** Duration is defined as skin to skin excluding anesthesia time. Approximate duration of the surgical procedure should be entered in hours and minutes.
- **Enter the Anesthesia Type.** The type of anesthesia used must be identified for each case: 1. Local (including nerve block), 2. IV Sedation 3. General Anesthesia or 4. None.
- **Enter the diagnosis description as free text.** Providing complete diagnosis information is essential. From the operative notes, give an accurate written description of the diagnosis and the operative procedure(s). **ICD-9 codes are not required.**
- **Enter the procedure description as free text.** Comments about adverse events or death of a patient may also be added here. Do not use CPT codes in place of the written description of the procedure(s). If the case was non-operative, include a discharge summary diagnosis. A text box is also provided for adverse events.

## **CPT Codes**

- **Add a CPT code** – Enter the code in the CPT Code box **before** selecting the anatomy and classification that corresponds to the CPT code entered.
  - ❖ **The Board prefers that you list only one Anatomy and Category per CPT code.**
  - ❖ **Bilateral Procedures should be entered only once using one CPT code with a -50 modifier.**

- ❖ Once all information for the CPT code has been entered, click “Save Record.” All the fields will clear and your code will appear under “CPT Code (Description).” The automatic CPT code descriptors appear when a CPT code is entered. CPT codes are the copyright of the American Medical Association (AMA).
- ❖ There will be a **pencil icon** to the right of the code so that you can view information entered for that code and edit if necessary. Be sure to click “Save Record” again if edits are made.
- ❖ A **garbage can icon** to the right of the code allows a code to be deleted if needed.
- ❖ You may enter in another code after clicking “Save Record.”
- ❖ **Include all CPT codes plus modifiers used for insurance billing purposes.** CPT codes starting with 99 (evaluation and management codes for office visits, consultations, etc.) are not required. However, for non-surgical admissions to the hospital, 99 CPT codes should be used.
- ❖ A CPT code frequency field is included so that a CPT code may be entered once with the number of times that procedure was performed (e.g. X2, X3, etc. for multiple skin grafting procedures).
- **No candidate is exempt from CPT coding. Candidates practicing in Managed Care Practices, Military, Veterans Administration, Kaiser Permanente, Shriners’ Hospitals, Canada and foreign countries must also include CPT codes for all cases.**

**Outcomes and Adverse Events**

- If there were adverse events, indicate such in the Outcomes question. Once you click “Adverse Events”, additional fields will appear on the screen allowing you to describe the adverse events. A brief description for every adverse event is required in the text box provided.
- Severity of complications are **reported on your case list** as follows:

Major Adverse Events	Moderate Adverse Events	Minor Adverse Events
<ul style="list-style-type: none"> <li>• Unplanned admission</li> </ul>	<ul style="list-style-type: none"> <li>• Unplanned Re-op w/o sedation</li> </ul>	<ul style="list-style-type: none"> <li>• Seroma requiring drainage</li> </ul>
<ul style="list-style-type: none"> <li>• MI, DVT, CVA, PE</li> </ul>	<ul style="list-style-type: none"> <li>• Dressing changes &gt; 6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Hematoma requiring drainage</li> </ul>
<ul style="list-style-type: none"> <li>• Unplanned Re-op w/ sedation</li> </ul>	<ul style="list-style-type: none"> <li>• Infection - IV antibiotics</li> </ul>	<ul style="list-style-type: none"> <li>• Wound Infection requiring drainage</li> </ul>
<ul style="list-style-type: none"> <li>• Infection - IV antibiotic as inpatient</li> </ul>	<ul style="list-style-type: none"> <li>• Unplanned consult with other specialist</li> </ul>	<ul style="list-style-type: none"> <li>• PO antibiotics</li> </ul>
<ul style="list-style-type: none"> <li>• Adverse drug event</li> </ul>		<ul style="list-style-type: none"> <li>• Dressing changes less than 6 weeks</li> </ul>
<ul style="list-style-type: none"> <li>• Unplanned ED visit</li> </ul>		<ul style="list-style-type: none"> <li>• Increased number of office visits</li> </ul>
<ul style="list-style-type: none"> <li>• Flap loss</li> </ul>		
<ul style="list-style-type: none"> <li>• Prolonged hospital stay</li> </ul>		

## Save your Case

- You can click any of the following buttons located at the bottom of the screen to save your data:
  - ❖ **Prev** – Saves any changes and directs user to the previous case on the list.
  - ❖ **Save Case** – Saves any changes and current case remains on screen.
  - ❖ **New Case** – Saves any changes and allows user to add another case.
  - ❖ **Next** – Saves any changes and directs user to the next case on the list.

***We recommend that you log out whenever you leave the site to prevent unauthorized users from accessing your Clinical Case Log data.***

## Step 4 – Editing/Verifying Case Data

The Clinical Case Log provides several ways for you to filter and sort your case list to ease the task of finding, verifying, and editing data. From the Case Log screen, you will see all of your cases in a list. Cases will be listed as those with incomplete data, and cases that are complete. To complete incomplete cases, **click on the pencil icon next to the case** which will take you back to that case form. You can easily identify the missing fields by the red, bold text.

- **Sorting the List** – Sort the list by any of the columns displayed simply by clicking on the column heading. Clicking once will sort the list in ascending order. Clicking again will sort the list in descending order.
- **Filtering Your Case List** – Use the “All Facilities” drop-down box and the “All Cases” drop-down box to filter your list by these fields.
- **Editing Your Data** – Click on the pencil icon to open the case form and edit the data. Click on the buttons at the bottom of the screen to save the data.

- **Deleting a Case** – Click the garbage can icon at the right side of a case from the case log to delete a case.
- **An hourglass icon in the far right column indicates that case data are incomplete.**

### **Step 5 – Finalizing Your Case List – Must be finalized by February 2, 2024.**

Once you have verified all of your case data and assured its accuracy, you are now ready to finalize your case list. From the case log screen, click the **“Finalize Case List”** link at the bottom of the page. Once you finalize your case list, you will no longer be able to edit your case information. If you discover an error in your case list after you have finalized, please contact the Board Office at [hand@abplasticsurgery.org](mailto:hand@abplasticsurgery.org).

Please note, the online Application, Application Fee and all required documents uploaded as PDF files must also be finalized on the Board’s website, [www.abplasticsurgery.org](http://www.abplasticsurgery.org). See Application Cover letter for details.

If you are a newly certified diplomate who successfully passed the Oral Examination in November 2023, the Board Office will accept your application and case list by the late deadline without incurring an additional late fee.

### **Step 6 – Saving a Copy of Your Case List (Recommended)**

**You do not need to submit a hard copy of your case list to the Board Office.** However, the Board recommends that diplomates retain an electronic copy of their list with the statistics page for future reference for society membership or other purposes. The “Print Cases” Screen appears after clicking “Finalize Case List” which allows you to save a copy to your computer.



# **Samples of Clinical Case Log Screens**

# INITIAL LOG IN SCREEN

THE AMERICAN BOARD OF PLASTIC SURGERY, INC.  
*Promoting safe, ethical, efficacious plastic surgery since 1937*

About Us Residents Candidates Diplomates Program Directors Public Contact Us Login

Please sign in

Username  
Password  
Forgot Password?

Sign in

Simon Patten Center  
1533 Market Street, Suite 400  
Philadelphia, PA 19103-2204

Tech Support

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## ❖ Log into your Physician Profile on the Board’s website: [www.abplasticsurgery.org](http://www.abplasticsurgery.org),

🔑 Your default username is your six-digit Board ID number.  
Your default password is your last name (case sensitive, with the first letter capitalized, e.g. Smith). You may change this at any time.

🔑 If you previously customized your username and password, it remains unchanged.

## ❖ Access the Clinical Case Log link on the Hand tab.

# CLINICAL CASE LOG SCREEN

Training State:

Facilities:  
University Medical Center [Edit Facility](#) | [View Case List Prior to Finalization](#)

[\\* Click here to add a facility...](#)

[\\* Click here to add a case...](#)

Start of Tracking Date:

(Please enter a date on or after January 1, 2015 but no later than November 1, 2015. Your case list must be 15 consecutive Application Material.)

[View statistics](#)

- ❖ The state where you completed your Plastic Surgery training must be entered.
- ❖ Start of tracking date must be entered.
- ❖ Case list must be a maximum of 15 consecutive months within the two years preceding submission of application material.
- ❖ If you reach the minimum total required case number, and fulfill the category requirements, prior to completing the specified 15-month period, you may finalize your case log.

# ADD FACILITY SCREEN

New Facility

Facility Name

Facility Type

What is your level of credentialing at this facility?

Surgery Center Accreditation Type

Surgery Center Accreditation Program

1. AAAASF     2. AAAHC     3. The Joint Commission

4. Medicare Certification     5. State Licensure     6. Other:

Non-accredited Surgical Facility (Include reason for lack of accreditation in text box provided, e.g. only local procedures performed without intra-venous sedation at the location)

[Return to Clinical Case Log](#)

Facility Zipcode

Admission Type(s)  
 Inpatient     Outpatient     Both

- ❖ Facility type sometimes prefills the admission types.
- ❖ Accreditation program must be checked for all applicable surgery centers.

# CASE LIST SCREEN SAMPLE

Training State:

Facilities:  
University Medical Center [Edit Facility](#) | [View Case List Prior to Finalization](#)











[\\* Click here to add a facility...](#)

[\\* Click here to add a case...](#)

Start of Tracking Date:    
(Please enter a date on or after January 1, 2015 but no later than November 1, 2015. Your case list must be 15 consecutive months within the two years preceding submission of the Application Material.)

[View statistics](#)

Case Count: 124 Case(s)

Case #	Patient Name	Record #	Facility	Date of Surgery	Edit Date	Status
 1471933	Test, WDS	12345	University Medical Center	03/13/2015	11-14-16 03:17 PM	  
 1471935	Test, WDS	12345	University Medical Center	03/14/2015	11-14-16 03:18 PM	 
 1471936	Test, WDS	12345	University Medical Center	03/16/2015	11-14-16 03:18 PM	 

- ❖ Click on Pencil icon to edit an entered case.
- ❖ The red check box denotes all data fields have been completed.
- ❖ The hourglass icon denotes incomplete data fields.

# CASE DATA FIELDS

Please check one answer per question unless otherwise indicated. Required fields have an asterisk (\*). Incomplete required fields are highlighted in red.

\* Patient First Name  \* Last  \* Medical Record #

(Visible to physician only; initials visible to ABPS)

\* Birth Date (mm/dd/yyyy)  \* Patient Gender  
 1. Male  2. Female

(Age, not DOB, prints on the Case List)

\* Hospital/Facility Name  \* Admission  
  1. Inpatient  2. Outpatient

\* Procedure Date (mm/dd/yyyy)  \* Procedure Duration  
 :  (hours & minutes, skin-to-skin, excluding anesthesia time)

\* Anesthesia Type  
 1. Local (including nerve block)  2. Conscious Sedation (both oral and intravenous)  3. General Anesthesia  4. None

\* Diagnosis Description

\* Procedure Description

- ❖ Red asterisks denote required fields.
- ❖ Diagnosis description and procedure description are free text fields. Use these for explanations or special notations.
- ❖ ICD 9 codes are not needed.

# CPT FIELD AND CLASSIFICATION

**\* Procedure Code(s)** Add all CPT Codes that apply. \_\_\_\_\_

* CPT Code	Modifiers	# Times
<input type="text"/>	<input type="text"/>	<input type="text"/>

In order for a procedure to qualify for inclusion in the case list for certification in the Subspecialty of Hand Surgery, please be sure to select Hand under Category Classification if a procedure was performed on the upper extremity distal to the elbow.

* Anatomy Classification (Select one per CPT code)	* Category Classification (Select one per CPT code)	* Hand Sub-Category (Select one per CPT code)
<input type="checkbox"/> 1. Breast	<input type="checkbox"/> 1. Congenital	<input type="checkbox"/> 1. Bone and Joint
<input type="checkbox"/> 2. Hand/Upper Extremity	<input type="checkbox"/> 2. Cosmetic	<input type="checkbox"/> 2. Nerve
<input type="checkbox"/> 3. Head and Neck	<input type="checkbox"/> 3. General/Reconstructive surgery	<input type="checkbox"/> 3. Tendon and Muscle
<input type="checkbox"/> 4. Lower Extremity	<input type="checkbox"/> 4. Hand	<input type="checkbox"/> 4. Skin and Wound Problems
<input type="checkbox"/> 5. Trunk/Genitalia	<input type="checkbox"/> 5. Skin (including skin cancer)	<input type="checkbox"/> 5. Contracture and Joint Stiffness
	<input type="checkbox"/> 6. Trauma	<input type="checkbox"/> 6. Tumor
	<input type="checkbox"/> 7. Nonoperative/Other	<input type="checkbox"/> 7. Congenital
		<input type="checkbox"/> 8. Microsurgery Vascular
		<input type="checkbox"/> 9. Nonoperative

- ❖ **Select Anatomy and Category for each CPT Code.**
- ❖ **Hand subcategories only appear once hand is select under both Anatomy and Category classifications.**
- ❖ **The minimum number of cases must be met in 5 of 9 required categories.**
- ❖ **A “# Times” field is included so that a CPT code may be entered once with the number of times the procedure was performed (X2, X3, etc.) e.g. for multiple skin grafting procedures**
- ❖ **Be sure to click “Save Record” to save the CPT code.**

# OUTCOMES

**\* Outcome (4-6 weeks)**  
 1. No Adverse Events  2. Outcome unknown  3. Adverse Events (Check all that apply below)

**Adverse Events**

Describe all Adverse Events:

<input type="checkbox"/> Delayed healing <input type="checkbox"/> Increased number of office visits <input type="checkbox"/> Dressing changes less than 6 weeks <input type="checkbox"/> Dressing changes greater than 6 weeks	<input type="checkbox"/> Infection <input type="checkbox"/> PO antibiotics <input type="checkbox"/> IV antibiotics as outpatient <input type="checkbox"/> IV antibiotics as inpatient	<input type="checkbox"/> Unplanned consultation with other specialist <input type="checkbox"/> Infectious disease <input type="checkbox"/> Neurologist <input type="checkbox"/> Cardiologist <input type="checkbox"/> Pulmonologist <input type="checkbox"/> Vascular <input type="checkbox"/> Other specialist
<input type="checkbox"/> Puncture or laceration to other body organ or structure <input type="checkbox"/> Which organ or structure? <input type="text"/>	<input type="checkbox"/> Adverse event <input type="checkbox"/> Adverse drug event <input type="checkbox"/> DVT <input type="checkbox"/> MI <input type="checkbox"/> PE <input type="checkbox"/> CVA <input type="checkbox"/> Flap loss	
<input type="checkbox"/> Drainage <input type="checkbox"/> Seroma requiring drainage <input type="checkbox"/> Hematoma requiring drainage <input type="checkbox"/> Wound Infection requiring drainage	<input type="checkbox"/> Unplanned re-operation <input type="checkbox"/> Without need for IV sedation or anesthesiologist <input type="checkbox"/> With need for IV sedation or anesthesiologist	<input type="checkbox"/> Unplanned hospital stay <input type="checkbox"/> Unplanned admission <input type="checkbox"/> Unplanned emergency department visit <input type="checkbox"/> Prolonged hospital stay (longer than planned)

Other Adverse Event

**\* Mortality within 30 days of procedure**  
 1. Yes  2. No

[Return to Clinical Case Log](#)

- ❖ If “No Adverse Events” box is checked then the additional fields do not appear.
- ❖ “Mortality within 30 days of procedure” is a required field even if “No Adverse Events” is selected. Some redundancy is built in.
- ❖ It is understood that “Mortality within 30 days of procedure” cannot be known for cases completed less than 30 days from the submission.



# STATISTICS REPORT

Case Count Distribution

	Count	Age (years)		Duration of Surgery (minutes)	
		Average	Std. Dev.	Average	Std. Dev.
Male	4 (20%)	31	7	75	39
Female	1 (5%)	39	2	120	2
Total	5	33	7	84	39

CPT Codes

Total Codes	Codes Per Case	Distinct Codes
11	2.2	11

Major/Minor/Non-Plastic Surgery CPT Codes Count

Cases with Major CPT Codes	Cases with Minor (and NO Major) CPT Codes	Cases with ONLY Non-Plastic Surgery CPT Codes
18 (95%)	1 (5%)	0 (0%)

Case Count By Outcome

	Count	%
Unknown Adverse Events	2	40%
No Adverse Events	3	60%
Minor Adverse Events	0	0%
Moderate Adverse Events	0	0%
Major Adverse Events	0	0%
Patient Died	0	0%
Other	0	0%

Case Count By Admission Status

	Count	%
Inpatient	3	60%
Outpatient	2	40%

Case Count By Institution

	Count	%
Sharp Memorial Hospital	4	80%
Scripps Encinitas Hospital	1	20%

Category Counts

	Count	%
Bone and Joint	2	40%
Nerve	3	60%
Tendon and Muscle	1	20%
Skin and Wound Problems	2	40%
Contracture and Joint Stiffness	0	0%
Tumor	0	0%
Congenital	0	0%
Microsurgery Vascular	1	20%
Nonoperative	0	0%
Total	9	

## Frequently Asked Questions

**Q.1 Why am I receiving a message when trying to enter a new case that the surgery date is not valid?**

A.1 You must first enter your case collection start date for your 15-month case list. The case collection period must be at maximum 15 months within the two years preceding the application deadline date. Surgery dates outside of this range will not be accepted during the data entry process.

**Q.2 What if there is information that I feel is pertinent to the case but there isn't a place to record it on the case screen?**

A.2 If a case needs some added explanation, the diagnosis and procedure description sections are free text areas where additional information can be provided. A text box is also provided for additional description of adverse events. For example, infection later than six weeks occurred.

**Q.3 What do the hourglass and red checkmark notations in the status column mean?**

A.3 The hourglass icon indicates that a required field has not been completed for that particular case. Click the pencil icon to the left of the case number to open the form. The incomplete data fields will be identified by red, bold text. CPT code Anatomy & Category Classifications are often overlooked. All required data must be entered in order to finalize the case list. When a case is complete, the status column on the case log will update to a red checkmark.

- Q.4 Should all modifiers be entered manually into the “Modifiers” field in the CPT coding tool?**
- A.4 Yes. The CPT code box will only accept the 5-digit number. Tab to the “modifiers” field to key in the -50 or -51 modifier manually.
- Q.5 Does the “number of times” field need to be completed with the value of “2” for bilateral procedures appended with the -50 modifier?**
- A.5 If a bilateral modifier is used, then do not enter a “2” in the quantity field. That is for multiple procedures on the same area. (e.g. multiple wound closures in a trauma case where many lacerations were located anatomically in the same area.)
- Q.6 A billing office handles my CPT coding – should cases be coded how I think they should be coded, or in the actual manner that the billing office coded the case?**
- A.6 All CPT codes should be entered exactly as they were billed. It is assumed that how the cases were actually billed with CPT coding was the same as the surgeon would have coded. Whether a surgeon’s billing is outsourced or completed in-house, the surgeon’s provider number is used and therefore the surgeon is ultimately responsible for the manner in which the billing was submitted to the third party payers.
- Q.7 Since the case list will not print without required fields entered, what is the proper procedure for recently performed cases in regard to the 4-6 wk. adverse events field or the 30 day mortality?**

- A.7 Enter the Adverse Events as known at the time of the submission. The Board understands this time constraint.
- Q.8 **How do I apply the Anatomy and Category Classifications in the CPT coding?**
- A.8 Click on the pencil icon next to the CPT code and go to the boxes below to select an anatomy and category classification. They are not automatically selected for you. Be sure to click “Save record” to save the classification selections.
- Q.9 **There is a “non-operative” category. What type of case should be entered for that category?**
- A.9 Burns managed without operation is an example of a non-operative category.
- Q.10 **When trying to enter a CPT code, I get a “not valid” message even though it is a valid code.**
- A.10 If this occurs, try putting in a similar code and note the correct code in the text area of the procedure description.
- Q.11 **Why do the stats sheets and case lists for certain facilities take so long to appear on the screen?**
- A.11 The compilation of the lists and stats sheet for printing and saving demands a great deal of processor time. Allow a few minutes for those reports to load on your screen.
- Q.12 **How do I list inpatient non-surgical admissions, for example, cellulitis?**

- A.12 Enter the day of admission or discharge as the “operation date.” You can use Evaluation and Management Codes (99...) as the CPT code for that type of case.
- Q.13 Where do I get answers to my questions about data entry, the Clinical Case Log program, Board requirements or printing, etc.?**
- A.13 1. Take time to review the Board’s materials – most answers are there. 2. Instructions and Requirements are accessible in the Clinical Case Log Menu. 3. Email questions to Web Data Solutions (WDS) at [ABPS@dataharborsolutions.com](mailto:ABPS@dataharborsolutions.com). 4. Email the Board at [hand@abplasticsurgery.org](mailto:hand@abplasticsurgery.org). 5. Call Web Data Solutions technical support at 312-944-0642. 6. Call the Board Office at 215-587-9322.
- Q.14 Why am I unable to see the information (Cases, CPT codes, etc.) that has just been entered?**
- A.14 This issue is caused by the way the individual’s Internet Explorer or other browser is set up to update cached pages. The pages viewed in the browser are stored so that the page loads quickly the next time the webpage is visited. If the browsers are not set up to get updated pages from the server, only the old page is displayed. As users update cases, the browser is still showing the old page that is stored on the individual’s computer rather than obtaining the new, updated pages from the server.
- Q.15 I have two procedures for one case and they are classified differently. Will both procedures count towards the minimum anatomy and category classifications?**

- A.15 Multiple procedures within a case will be counted toward satisfying the one (1) case minimum for anatomy and category classification requirements.

Complex operative management represents a more substantial surgical operative experience than a less complex single task surgery. A complex injury is defined as those cases which involve several of the nine categories in addition to the skin/wound category. Therefore, in an injury involving the volar wrist, multiple tendons and the median nerve would ‘count’ as two categories, tendon and nerve – but not additionally for the skin closure. Further, no single operative case would be allowed to count for more than three categories towards the requirement of 125 cases.

For example, the management of a complex mutilating injury involving repair of muscle, tendon, nerve, vascular injury, and skin would count for tendon and muscle, nerve, and microsurgery vascular, but not for the skin. This example clearly indicates a more complex operative experience than a simple, single task surgery. Those cases in which the involvement of two categories is part of a single focus surgery, such as the use of a tendon in ligament reconstruction and tendon interposition of the basal joint, would continue to count as only one case.

- Q.16 **The ASSH is requesting the “cover sheet” from my case list for membership application requirements. Where do I find this document?**

- A.16 The statistics page generated by the Clinical Case Log after finalization of your case list is sufficient for this requirement. The statistics page is accessible to print or

save by clicking the “View Statistics” link from the finalized case list screen.

**END FAQ's**

# **Taking the Hand Surgery Examination**



## **Rules Governing Admissibility to the Examination**

Diplomates are admissible to the examination **only** when they have satisfactorily fulfilled the requirements in place at the time the Board receives the formal Application Materials. No diplomate will be admitted to the examination until the Board has determined that the specified requirements have been met, reviewed all supporting credentials and approved the application.

Each diplomate will be admissible to the examination during five calendar years. The American Board of Plastic Surgery, Inc. expects that most diplomates who apply for certification/recertification will be successful. Those who are unsuccessful on the first experience with the process are encouraged to continue to seek certification/recertification.

Diplomates who do not successfully complete the examination during the five-year period, will no longer be admissible to the HSE process. Diplomates must then reapply for admission to the examination with a new case list and payment of established fees. If the Application Material for readmission is approved, the diplomate will then be offered four additional examination opportunities in the following four consecutive years up to the nine-year limit required to achieve subspecialty certification. Those with an expired Hand Subspecialty Certificate must not list certification on their Curriculum Vitae or advertising materials unless the specific dates that the subspecialty certificate was held are noted. Refer to the [ABPS Admissibility Policy](#).

The American Board of Plastic Surgery, Inc., may deny a diplomate the privilege of taking an examination, or may refuse issuance of a certificate, if it is found by additional disclosures or a recent change in status that the diplomate no longer meets the general or professional requirements.

## **Announcement Information**

Diplomates who are admissible to the Hand Surgery Certification or Recertification Examination will be sent an email notification annually, throughout their period of admissibility, once the Registration Form is available for online submission.

Diplomates must signify their intent to take the examination by completing and finalizing the Registration Form, submitting the Examination Fee (credit card payment) and all other required materials by the deadline date.

If the Registration Form, Examination Fee and other required materials are not received by the deadline date, the diplomate will not be accepted for admission to that year's Hand Surgery Certification or Recertification Examination.

## **Scheduling Permit**

Upon receipt and approval of all required Registration Form materials, diplomates will be scheduled for the examination. Diplomates will receive a Scheduling Permit approximately eight weeks before the examination. Scheduling will occur directly with Pearson Professional Centers.

**Contact the Board Office immediately if the name on the Scheduling Permit is not an EXACT match to that listed on the photographic identification. The only acceptable difference would be the presence of a middle name, middle initial or suffix on one document and its absence on the other.**







**Photographic identification is required for admittance to the test center.**

## **Scheduling a Test Center Appointment**

Diplomates should contact Pearson Professional Centers immediately once the Scheduling Permit is available in order to schedule an appointment. Delay in scheduling an appointment may result in the inability to schedule at the diplomate's preferred location. Registration online is recommended and preferred. Confirmation will be sent by email. When calling, a Pearson representative will ask for information from the Scheduling Permit and provide details regarding the test centers and location specified by the diplomate. Pearson does not make appointments prior to the provision of the permit to diplomates. Diplomates who require special accommodations, and have received Board approval, must make a test appointment by calling the telephone number on the Scheduling Permit.

## **Examination Schedule**

The Computer Based Test will consist of the following format:

-  **Total testing time is approximately 4 hours**
-  15-minute optional tutorial
-  175 multiple-choice questions formatted in four blocks of approximately 44 questions
-  Blocks of 60-minute time intervals
-  15-minute optional break
-  Registration time will vary

## **Examination Day Requirements**

Diplomates must have an unexpired government issued photographic identification, driver's license or passport, in order to be admitted into the test center.

Diplomates must notify the Board Office immediately if arrival to the test center will be delayed and the Board Office will contact Pearson. Diplomates who are more than 30 minutes late may not be admitted to the examination.

Diplomates are not permitted to bring any notes, textbooks, clipboards, pocketbooks, electronic devices or other reference materials into the test center. Cell phones must be turned off and stored in your car or locker. Scratch paper is not permitted. Copying, by any means, of all or any part of such examination items or the unauthorized use in any way whatsoever of said examination items is strictly prohibited.

### **Withdrawal from Examination**

If a diplomate wishes to withdraw from the examination, written notification must be received in the Board Office at least 30 calendar days before the first date of the examination. The examination fee will be refunded less a processing charge of \$520.00. Diplomates who withdraw from the examination after this date or who fail to appear for the examination will **forfeit** the entire fee.

### **Cancellation of Examination**

Should The American Board of Orthopaedic Surgery, Inc., The American Board of Plastic Surgery, Inc. and The American Board of Surgery, Inc., in their sole discretion, cancel the Hand Surgery Certification Examination, or as a result of events beyond its control be unable to administer the Hand Surgery Certification Examination at the appointed date, time and location; or should the Boards fail to conclude a diplomate's Hand Surgery Certification Examination, the Board is not responsible for any expense the diplomate may have incurred in connection with the canceled Hand Surgery Certification Examination, nor for any expense the diplomate may incur for any substitute Hand Surgery Certification Examination.

### **Examination Scoring**

The Examination is scored and analyzed by the American Board of Orthopaedic Surgery. The Board is confident that the scoring is done with absolute accuracy.

# ***Results and Policies***

## **Results**

The results of the examination will be posted to the Board's website in November. The time period between administration of the examination and notification of results is necessary to allow for extensive analysis and to assure that individual results are reliable and accurate. Diplomates will receive a Result Letter and Performance Report.

Results of the examination will not be reported to the public until a week **after** the results mailing date to allow sufficient time for diplomates to access their letters. Please note that results are available to the diplomate online with secure log in to the Board's website.

Diplomates will pass or fail on the strength of their performance on the examination. The score on the examination will be determined by the total number of alternatives answered correctly. Therefore, diplomates are encouraged to answer all items.

### **Pass**

If a diplomate passes the Hand Surgery Certification Examination, he/she will be informed in writing. An email notification will also be sent once the Result Letters and Performance Reports are posted to the individual Physician Profiles on the Board's website accessible with secure log in.

### **Fail**

If a diplomate fails the Hand Certification Examination, he/she will be informed in writing. A diplomate who has received a failing grade result must repeat the entire Hand Surgery Certification Examination.

## **Reporting to ABMS and Specialty Societies**

The Board supplies basic identifying data on diplomates who are successful in obtaining Hand Subspecialty Certification and Recertification to the American Board of Medical Specialties (ABMS) for its Directory. The individual's biographic entry in the *Official ABMS Directory of Board Certified Medical Specialists* will show Hand Surgery Certification and Recertification as well as Plastic Surgery Certification.

The Board also notifies the success of diplomates on the Hand Surgery Examinations to the American Society of Plastic Surgeons, the American Association for Hand Surgery (AAHS) and the American Society for Surgery of the Hand (ASSH). Diplomates should notify the Board Office in advance if they do not wish to be included on the notification lists. Diplomates will have their biographic listings retained in the directory for Hand Surgery only if they have acquired Hand Surgery Recertification prior to the expiration of the Hand Surgery Certificate.

## **Special Situations – Dispute Resolution and Appeals Policy**

The Board has established a policy relative to resolution of questions or disagreements regarding its decisions on admissibility, the form, content, administration or results of the examination and the revocation of certificates. If a diplomate has a concern in any of these areas, it should be expressed in writing to the Board Office. A copy of the Dispute Resolution and Appeals Policy, which is available on the Board's website, will be sent to that individual.

## **Diplomates with Disabilities**

The American Board of Plastic Surgery, Inc. has established a policy regarding examination of diplomates with disabilities. If a diplomate is requesting accommodation based on a disability, the request should be expressed in writing to the Board Office at the time they submit the Application Material. A copy of the Policy for

Examination of Diplomates with Disabilities is available on the Board's website. The American Board of Plastic Surgery, Inc. complies with the Americans with Disabilities Act (ADA) and will provide reasonable accommodations to diplomates with proven disabilities. It is expected that pre-existing disabilities were identified by the candidate for previous Board examinations. Required documentation previously approved by the Board for an identified disability accommodation will usually be sufficient for the Hand Surgery Examination.

### **Irregularities**

The validity of scores on the examination is protected by every means available. The Board will not report a score which it has determined to be invalid, i.e., which does not represent a reasonable assessment of the diplomate's knowledge or competence sampled by the examination. The performance of all diplomates is monitored and may be analyzed for the purpose of detecting invalid scores.

Pearson test center proctors supervise the examination to ensure that the examination is properly conducted. If evidence by observation or analysis suggests that a diplomate's scores may be invalid because of irregular behavior, the Board will withhold those scores pending further investigation and the affected diplomate will be notified. Examples of irregularities affecting the validity of scores would include (but are not limited to) the following: 1) using notes; 2) sharing information or discussing the examination in progress; 3) copying answers from another diplomate; 4) permitting one's answers to be copied; or 5) unauthorized possession, reproduction, or disclosure of examination questions or answers or other specific information regarding the content of the examination before, during, or after the examination. In such circumstances, upon analysis of all available information, the Board will make a determination as to the validity of the scores in question. If the Board determines that the scores are invalid, it will not release them, and notification of



that determination may be made to legitimately interested third parties.

Diplomates or other persons who are directly implicated in an irregularity are subject to additional sanctions. For example, the Board may bar the persons permanently from all future examinations, terminate a diplomate's participation in an ongoing examination, invalidate the results of the diplomate's examination, withhold or revoke a certificate or take other appropriate action. Diplomates or other persons subject to additional sanctions will be provided with a written notice of the charges and an opportunity to respond to such charges in accordance with the reconsideration and appeal procedures established by the Board.

### **Inquiries as to Status**

The Board considers a diplomate's record **not** to be in the public domain. When an inquiry is received by the Board regarding a diplomate's status with the Board, a general, but factual, statement is provided which indicates that person's status within the process of certification. The Board provides this information **only** to individuals, organizations, and institutions with a reasonably valid "need to know" for professional reasons.

### **Certificates**

Certificates issued by the Board shall be in such form as the Directors may from time to time determine. Certificates are signed by the Chair, Secretary-Treasurer and Executive Director of the Board and shall have placed upon them the official seal of the Board. Additional certificates are available upon written request. A fee for each certificate ordered must be included with the request (refer to Fee Schedule on the Board's website). The diplomate's name should be listed, as it should appear on the certificate.

## **Advertising**

A diplomate in the HSE process may advertise as “Board Admissible” or “Board Eligible” for the subspecialty certificate once an application is approved by the Board confirming admissibility to the examination. ABPS diplomates who have obtained a Hand Subspecialty Certificate may advertise themselves as follows: "ABPS Certified in the Subspecialty of Hand Surgery." Those with an expired Hand Subspecialty Certificate may only list the certification on their Curriculum Vitae or advertising materials if the dates of certification are specified.

## **Revocation of Certificates**

Any certificate issued by the Board shall be subject to revocation at any time if the Board, in its judgment, determines that a diplomate was not properly qualified to receive it or has become disqualified since its receipt. The diplomate shall be advised if revocation of certification is contemplated and shall be given an opportunity to reply to allegations bringing about such action. The diplomate will be given an opportunity to rebut such allegations according to the directions and operations manual of the Board.

The Board may revoke the Hand Subspecialty Certificate of any diplomate who, after opportunity for full and fair hearing by the medical staff or other appropriate body of a hospital, state or county medical society, government licensing body, professional specialty society or a court of law, has been found guilty of or pleaded guilty to a felony, professional incompetence, professional misconduct, unethical conduct or harmful, deceptive, or fraudulent advertising. Refer to the ABPS Code of Ethics.

The Board shall have the jurisdiction and right to determine whether or not the evidence and information placed before it is sufficient to constitute grounds for the revocation of any certificate issued by the Board. The diplomate will be provided

the Appeals Policy of the Board, and the Policy will be observed in pursuing resolution of the issues placed before the Board.

Each Hand Subspecialty Certificate issued by the Board shall be subject to revocation in the event that the physician so certified shall have made any misstatement of material fact, or failed to make any statement of material fact, in the application for Hand Subspecialty Certification or Recertification or in any other statement or representation to the corporation or its representatives or shall have otherwise acquired the certificate by deception. Upon revocation, the Hand Subspecialty Certificate shall be surrendered and returned to the Board Office.

**For questions or concerns, please contact the Board  
Office staff at [hand@abplasticsurgery.org](mailto:hand@abplasticsurgery.org).  
We are here to help!**

## Hand Surgery Examination Fees

Application Fee (Payable with online Application and is non-refundable.)	\$ 405.00
Application Late Fee	\$ 160.00
Hand Surgery Examination Fee (Payable with online Registration Form)	\$1,240.00
Examination Late Fee	\$ 250.00
Exam Withdrawal Fee	\$ 520.00
Missing Items Fee	\$ 130.00
Credentials Review Fee	\$ 500.00
Ethics Review Fee	\$ 500.00
Additional Certificate Fee	\$ 145.00
Continuous Certification Fee	\$410.00
Hand Recertification/Renewal Fee	\$500.00

- ❖ Application and Examination Fees must be submitted by credit card only. Certain additional fees may be accepted by check. Foreign currencies, including Canadian, are unacceptable. Fees are non-refundable.
- ❖ Fees are subject to change by the Board. The fee schedule applicable to the current examination will apply regardless of when the diplomate is approved for admission to the examination.
- ❖ The Board is a nonprofit organization, and the fees of diplomates are used solely for defraying the actual expenses of the Board. The Directors of the Board serve without remuneration.

THIS BOOKLET OF INFORMATION SUPERSEDES ALL PREVIOUSLY  
PUBLISHED BOOKLETS OF INFORMATION OF  
THE BOARD CONCERNING REQUIREMENTS, POLICIES AND  
PROCEDURES AND MAY BE MODIFIED AT ANY TIME.



The Registered Trademark Logo of the American Board of Plastic Surgery depicts Gaspare Tagliacozzi (1545-1599) of Bologna, considered to be the father of modern plastic surgery. His contributions are summarized in the treatise he authored in 1597, "De Curtorum Chirurgia per Insitionem." The founding year of the Board, 1937, is included on the Logo. **The Board's trademarked logo is not permitted for use on diplomate or candidate websites.**

### A Member Board of the American Board of Medical Specialties (ABMS)

