Pediatric Orthopaedic Society of North America

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OPERATIVE REPORT FORM

INSTRUCTIONS FOR ACTIVE AND AFFILIATE APPLICATIONS

Using the format that follows, please list all operative patients personally treated in the past **12 months** (i.e., November 1, 20__ to October 31, 20__). DO NOT INCLUDE THE FOLLOWING IN YOUR LIST OF OPERATIVE CASES. PIN REMOVAL, CAST CHANGES, WHETHER REQUIRING ANESTHESIA OR NOT, OR CASES IN WHICH YOU WERE NOT THE PRIMARY ORTHOPAEDIC SURGEON. Case lists which are not in the proper format or which contain the above cases will not be accepted.

FORMAT: List each operative patient in the following format and save to a word document or pdf. Be sure your name is displayed on each page of your case list. **EXAMPLES FOR OPERATIVE CASES BELOW**

Patient Initials	Age	Diagnosis (not ICD9 codes)	Management
1. JJ	10	Genu Valgus	Medial Distal Femoral Epiphyseodesis
2. DR	1	DDH	Open Reduction

Tally your operative cases as follows and list here on this form:

Total # Operative Pediatric Patients (≤ 18 years of age)	_____
Total # Operative Adult Patients (> 19 years of age)	_____
Total # Operative Patients	_____
% Pediatric Patients	_____

Are you required to take adult trauma call? _____

If so, how often?_____

IF YOUR OPERATIVE CASE LIST DOES NOT MEET THE 75% CRITERION AS REQUIRED FOR POSNA MEMBERSHIP BUT YOU FEEL THAT YOUR ELECTIVE PRACTICE WOULD MEET THE 75%, YOU MUST INCLUDE THE FOLLOWING: List all office/clinic patients new to your practice (excluding follow-up from on-call emergency surgery) for three month period to include November through January of the year immediately preceding your application, in the following format:

FORMAT: List each operative patient in the following format and save to a word document. Be sure your name is displayed on each page of your patient list.   **ELECTIVE PRACTICE EXAMPLES**

Patient Initials	Age	Diagnosis (not ICD9)	Management
1. BR	2 mo	DDH	Pavlik Harness
2. HS	11	Scoliosis	TLSO

Tally your cases as done above to arrive at % Pediatric New Patients

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