**New Application: Pediatric Orthopaedic Surgery (Orthopaedic Surgery)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for the application to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Pediatric Orthopaedic Surgery. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
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| * + - 1. What will be the length, in months, of the educational program?   Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Will the fellowship program function as an integral part of an ACGME-I-accredited residency in orthopaedic surgery? YES NO

Explain if ‘NO.’ For information on independent subspecialty status, email [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org)  (Limit 250 words)

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**Participating Sites**

1. Will orthopaedic surgery residents and pediatric orthopaedic surgery fellows be educated at the same participating sites? YES NO

If ‘YES,’ answer Questions 2 and 3 below. If ‘NO,” skip to Question 4 below.

1. Will the residency program director and fellowship program director jointly prepare a written agreement?

YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will the written agreement specify the following?
2. Educational relationship between the residency and fellowship program YES NO
3. How clinical and educational resources will be shared equitably YES NO
4. Roles of the residency and fellowship directors in determining the education of residents and fellows YES NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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1. How will the program directors of the orthopaedic surgery residency and the pediatric orthopaedic surgery fellowship closely monitor the relationship between residency and fellowship education. (Limit 300 words)

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**Program Personnel and Resources**

**Program Director**

1. Will the program director have the following qualifications?
2. At least three years of post-residency practice in clinical pediatric orthopaedic surgery

YES NO

1. Completion of a pediatric orthopaedic surgery fellowship YES NO
2. Evidence of periodic updates of knowledge and skills in the areas of teaching, supervision, and formal evaluation of fellows YES NO
3. Three years as a faculty member in an Accreditation Council for Graduate Medical Education (ACGME)- or ACGME-I-accredited orthopaedic surgery residency or pediatric orthopaedic surgery fellowship YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure the program director evaluates all fellows within six weeks of entry into the fellowship for expected entry-level skills so additional education can be planned and provided as needed in a timely manner? (Limit 250 words)

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**Faculty**

1. In addition to the program director, will there be at least two core faculty members? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will all core faculty members:
   1. be actively involved in education and supervision of fellows? YES NO
   2. have completed a fellowship in pediatric orthopaedic surgery? YES NO
   3. have completed a residency in orthopaedic surgery? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Resources**

* 1. Check the appropriate column if the following pediatric-specific diagnostic and treatment facilities or services will be available for the education of fellows. Use site numbers for participating sites as indicated in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnostic/Treatment Facility/Service** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Ambulatory care for pediatric orthopaedic surgery cases |  |  |  |  |
| General pediatrics consults |  |  |  |  |
| Imaging |  |  |  |  |
| Inpatient care for pediatric orthopaedic surgery cases |  |  |  |  |
| Laboratory medicine |  |  |  |  |
| Occupational rehabilitation |  |  |  |  |
| Operating suites with appropriate equipment and staffing |  |  |  |  |
| Physical rehabilitation |  |  |  |  |

Explain if any of the above are not available at any planned participating site. (Limit 250 words)

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1. How will the program ensure a sufficient volume and variety of pediatric orthopaedic surgery experiences to meet the needs of the fellows’ education without compromising the quality of resident education in the core orthopaedic surgery residency program? (Limit 300 words)

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**Eligibility Criteria**

1. How will the program that all fellows have completed an ACGME- or ACGME-I-accredited orthopaedic surgery residency or another orthopaedic surgery residency that is acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles? (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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1. How will graduating fellows demonstrate competence in the following?
2. Appropriate and judicious use of diagnostic tests
3. Collecting, interpreting, and using patient data
4. Interpreting imaging examinations of the musculoskeletal system
5. Recognizing and managing complications of treatment
6. Managing post-operative recovery and rehabilitation

Provide examples of how competence will be evaluated in three of the five areas listed. (Limit 300 words)

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1. How will graduating fellows demonstrate competence in the performance of pediatric orthopaedic operative and non-operative procedures, including for the following?
2. Cerebral palsy
3. Clubfoot
4. Developmental dysplasia of the hip (DDH) prior to walking age
5. Femoral shaft fracture (open treatment)
6. Foot and ankle deformity, excluding clubfoot
7. Hip reconstruction and other, excluding DDH
8. Limb deformity, to include length discrepancy and deranged growth
9. Lower extremity deformity
10. Lower limb trauma
11. Slipped capital femoral epiphysis (SCFE)
12. Soft tissue transfer, lengthening, and release
13. Spine deformity, to include idiopathic scoliosis
14. Supracondylar fracture
15. Treatment of infection
16. Upper limb deformity
17. Upper limb trauma

Describe how competence will be evaluated in nine of the conditions listed. (Limit 750 words)

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**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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1. How will graduating fellows demonstrate knowledge of the following?
2. The indications, risks, and limitations of the commonly performed procedures in pediatric orthopaedic surgery
3. The familial, social, and emotional aspects of caring for sick and injured pediatric patients
4. The natural history of pediatric orthopaedic disorders, the effectiveness of treatment programs, and the impact of growth on these disorders
5. The role of physical therapy, occupational therapy, orthotics, prosthetics, and other manipulative and splinting techniques in the rehabilitation and ongoing management of pediatric orthopaedic disorders

Provide examples of how knowledge will be assessed in three of the four areas listed. (Limit 300 words)

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1. How will graduating fellows demonstrate knowledge of pediatric orthopaedic disorders and conditions, including the following?
   * + - 1. Cerebral palsy
         2. Clubfoot
         3. DDH prior to walking age
         4. Idiopathic scoliosis
         5. Musculoskeletal disease and neuromuscular conditions, to include muscular dystrophy, Down Syndrome, and osteogenesis imperfecta
         6. SCFE
         7. Upper and lower limb deformity

Provide examples of how knowledge will be assessed in four of the seven areas listed. (Limit 400 words)

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1. How will graduating fellows’ knowledge be assessed in the application of research principles, including the ability to critically analyze research reports and design and implement clinical or basic research in the field of pediatric orthopaedic surgery? (Limit 300 words)

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**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning? (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals? (Limit 300 words)

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**Systems-based Practice**

1. How will graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care? (Limit 300 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. How will the program ensure the didactic curriculum emphasizes normal physiologic mechanisms, natural history, and pathogenesis and treatment of pediatric orthopaedic disorders? (Limit 300 words)

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1. Will the didactic curriculum include the following?
2. At least one weekly teaching conference YES NO
3. At least one monthly morbidity and mortality conference YES NO
4. At least one monthly journal club in pediatric orthopaedic surgery YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

1. Complete Appendix B., Patient Population Data, and attach to submission.
2. How will the program provide advanced education to ensure each fellow develops special expertise in pediatric orthopaedic surgery, including operative and other technical skills? (Limit 400 words)

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1. Will the curriculum emphasize the following?
2. Development of analytic skill and surgical judgement YES NO
3. Research YES NO
4. Scholarly approach to clinical problem solving YES NO
5. Self-directed study YES NO
6. Teaching YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will the curriculum include didactics as well as non-operative and operative experiences that emphasize continuity of care in the following pediatric orthopaedic surgery conditions?
   1. Acute trauma YES NO
   2. Amputations YES NO
   3. Athletic injuries YES NO
   4. Foot and ankle conditions YES NO
   5. General pediatric orthopaedics YES NO
   6. Hand disorders YES NO
   7. Hip conditions YES NO
   8. Metabolic and genetic conditions YES NO
   9. Neuromuscular conditions YES NO
   10. Prosthetics YES NO
   11. Reconstructive trauma YES NO
   12. Spinal conditions YES NO
   13. Tumors YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure fellows continue to provide care for their own post-operative patients until discharge or until patients’ post-operative conditions are stable and the episode of care is concluded? (Limit 400 words)

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1. How will the program provide instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain-reducing modalities? (Limit 300 words)

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1. How will the curriculum emphasize use of both appropriate laboratory procedures and collaboration with allied medical personnel? (Limit 400 words)

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1. Will clinical experiences include progressive responsibility for the following?
2. At least 10 new patients per week averaged over four weeks YES NO
3. At least 20 follow-up patients per week averaged over four weeks YES NO
4. Continuing care of both acutely and chronically ill patients YES NO
5. Decision-making regarding treatment YES NO
6. Long-term follow-up YES NO
7. Non-operative management YES NO
8. Operative experience YES NO
9. Other outpatient care YES NO
10. Patient assessment YES NO
11. Post-operative management YES NO
12. Pre-operative evaluation YES NO
13. Providing consultation with faculty member supervision YES NO
14. Rehabilitation YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure fellows have clearly defined teaching responsibilities for residents, medical students (if present), and allied health personnel, and how will these teaching experiences correlate basic biomedical knowledge with clinical aspects of pediatric orthopaedic surgery? (Limit 400 words)

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1. How will the program ensure fellows document their operative experience in a timely manner in the ACGME-I Case Log System? (Limit 250 words)

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**Fellows’ Scholarly Activities**

1. How will the program ensure each fellow participates in basic and/or clinical hypothesis-based research? (Limit 300 words)

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|  |
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| # days |

1. How many days per month of protected research time will be provided to fellows? Note: Days per month is averaged over the length of the educational program.
2. How will the program ensure each fellow demonstrates scholarship during the program? (Limit 300 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-1  01. Introduction to pediatric orthopaedic surgery  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of pediatric orthopaedic surgery, including approaches to clinical work with minority populations  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which fellows will rotate.

Participating sites are indicated by a number which must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 below is for the following one-year period:

From: Date\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Procedure | Site #1 | Site #2 | Site #3 | Site #4 | Total |
| **Foot and ankle deformity (excludes clubfoot)** | | | | | |
| Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia | # | # | # | # | # |
| Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia | # | # | # | # | # |
| Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening | # | # | # | # | # |
| Lengthening or shortening of tendon, leg, or ankle; single tendon (separate procedure) | # | # | # | # | # |
| Lengthening or shortening of tendon, leg, or ankle; multiple tendons (through same incision), each | # | # | # | # | # |
| Gastrocnemius recession (for example, Strayer procedure) | # | # | # | # | # |
| Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (for example, anterior tibial extensors into midfoot) | # | # | # | # | # |
| Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (e.g., anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) | # | # | # | # | # |
| Transfer or transplant of single tendon (with muscle redirection or rerouting) | # | # | # | # | # |
| Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure) | # | # | # | # | # |
| Tenotomy, open, tendon flexor; toe, single tendon (separate procedure) | # | # | # | # | # |
| Tenotomy, open, extensor, foot or toe, each tendon | # | # | # | # | # |
| Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (e.g., Kidner type procedure) | # | # | # | # | # |
| Tenotomy, lengthening, or release, abductor hallucis muscle | # | # | # | # | # |
| Division of plantar fascia and muscle (for example, Steindler stripping) (separate procedure) | # | # | # | # | # |
| Capsulotomy, midtarsal (e.g., Heyman type procedure) | # | # | # | # | # |
| Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure) | # | # | # | # | # |
| Capsulotomy; interphalangeal joint, each joint (separate procedure) | # | # | # | # | # |
| Syndactylization, toes (e.g., webbing or Kelikian type procedure) | # | # | # | # | # |
| Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy) | # | # | # | # | # |
| Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure) | # | # | # | # | # |
| Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head | # | # | # | # | # |
| Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (e.g., Silver type procedure) | # | # | # | # | # |
| Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure | # | # | # | # | # |
| Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant | # | # | # | # | # |
| Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (e.g., Joplin type procedure) | # | # | # | # | # |
| Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedures) | # | # | # | # | # |
| Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure | # | # | # | # | # |
| Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy | # | # | # | # | # |
| Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy | # | # | # | # | # |
| Osteotomy; calcaneus (for example, Dwyer or Chambers type procedure), with or without internal fixation | # | # | # | # | # |
| Osteotomy; talus | # | # | # | # | # |
| Osteotomy, tarsal bones, other than calcaneus or talus | # | # | # | # | # |
| Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (e.g., Fowler type) | # | # | # | # | # |
| Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal | # | # | # | # | # |
| Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe) | # | # | # | # | # |
| Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each | # | # | # | # | # |
| Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (e.g., Swanson type cavus foot procedure) | # | # | # | # | # |
| Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) | # | # | # | # | # |
| Osteotomy, shortening, angular or rotational correction; other phalanges, any toe | # | # | # | # | # |
| Reconstruction, angular deformity of toe, soft tissue procedures only (e.g., overlapping second toe, fifth toe, curly toes) | # | # | # | # | # |
| Reconstruction, toe, macrodactyly; soft tissue resection | # | # | # | # | # |
| Reconstruction, toe, macrodactyly; requiring bone resection | # | # | # | # | # |
| Reconstruction, toe(s); polydactyly | # | # | # | # | # |
| Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web | # | # | # | # | # |
| Reconstruction, cleft foot | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **CLUBFOOT** | | | | | |
| Capsulotomy, midfoot; medial release only (separate procedure) | # | # | # | # | # |
| Capsulotomy, midfoot; with tendon lengthening | # | # | # | # | # |
| Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (e.g., resistant clubfoot deformity) | # | # | # | # | # |
| Application of clubfoot cast with molding or manipulation, long or short leg | # | # | # | # | # |
| Wedging of clubfoot cast | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **LIMB DEFORMITY (INCLUDES LENGTH DISCREPENCY AND DERANGED GROWTH)** | | | | | |
| Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer-assisted adjustment (e.g., spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s) | # | # | # | # | # |
| Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer-assisted adjustment (e.g., spatial frame), including imaging; exchange (i.e., removal and replacement) of strut, each | # | # | # | # | # |
| Osteotomy, humerus, with or without internal fixation | # | # | # | # | # |
| Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure) | # | # | # | # | # |
| Osteoplasty, humerus (e.g., shortening or lengthening) (excluding 64876) | # | # | # | # | # |
| Repair of non-union or malunion, humerus; without graft (e.g., compression technique) | # | # | # | # | # |
| Repair of non-union or malunion, humerus; with iliac or other autograft (includes obtaining graft) | # | # | # | # | # |
| Hemiepiphyseal arrest (e.g., cubitus varus or valgus, distal humerus) | # | # | # | # | # |
| Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna | # | # | # | # | # |
| Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius and ulna | # | # | # | # | # |
| Osteoplasty, radius OR ulna; shortening | # | # | # | # | # |
| Osteoplasty, radius OR ulna; lengthening with autograft | # | # | # | # | # |
| Osteoplasty, radius AND ulna; shortening (excluding 64876) | # | # | # | # | # |
| Osteoplasty, radius AND ulna; lengthening with autograft | # | # | # | # | # |
| Osteoplasty, carpal bone, shortening | # | # | # | # | # |
| Repair of non-union or malunion, radius OR ulna; without graft (e.g., compression technique) | # | # | # | # | # |
| Repair of non-union or malunion, radius OR ulna; with autograft (includes obtaining graft) | # | # | # | # | # |
| Repair of non-union or malunion, radius AND ulna; without graft (e.g., compression technique) | # | # | # | # | # |
| Repair of non-union or malunion, radius AND ulna; with autograft (includes obtaining graft) | # | # | # | # | # |
| Osteotomy, femur, shaft or supracondylar; without fixation | # | # | # | # | # |
| Osteotomy, femur, shaft or supracondylar; with fixation | # | # | # | # | # |
| Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (e.g., Sofield type procedure) | # | # | # | # | # |
| Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure | # | # | # | # | # |
| Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure | # | # | # | # | # |
| Osteoplasty, femur; shortening (excluding 64876) | # | # | # | # | # |
| Osteoplasty, femur; lengthening | # | # | # | # | # |
| Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer | # | # | # | # | # |
| Arrest, epiphyseal, any method (e.g., epiphysiodesis); distal femur | # | # | # | # | # |
| Arrest, epiphyseal, any method (e.g., epiphysiodesis); tibia and fibula, proximal | # | # | # | # | # |
| Arrest, epiphyseal, any method (e.g., epiphysiodesis); combined distal femur, proximal tibia and fibula | # | # | # | # | # |
| Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (e.g., genu varus or valgus) | # | # | # | # | # |
| Osteotomy; tibia | # | # | # | # | # |
| Osteotomy; fibula | # | # | # | # | # |
| Osteotomy; tibia and fibula | # | # | # | # | # |
| Osteotomy; multiple, with realignment on intramedullary rod (e.g., Sofield type procedure) | # | # | # | # | # |
| Osteoplasty, tibia and fibula, lengthening or shortening | # | # | # | # | # |
| Repair of congenital pseudarthrosis, tibia | # | # | # | # | # |
| Arrest, epiphyseal (epiphysiodesis), open; distal tibia | # | # | # | # | # |
| Arrest, epiphyseal (epiphysiodesis), open; distal fibula | # | # | # | # | # |
| Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula | # | # | # | # | # |
| Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula | # | # | # | # | # |
| Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **SPINE DEFORMITY** | | | | | |
| Arthrodesis, posterior, for spinal deformity, with or without cast; up to six vertebral segments | # | # | # | # | # |
| Arthrodesis, posterior, for spinal deformity, with or without cast; seven to 12 vertebral segments | # | # | # | # | # |
| Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | # | # | # | # | # |
| Arthrodesis, anterior, for spinal deformity, with or without cast; two to three vertebral segments | # | # | # | # | # |
| Arthrodesis, anterior, for spinal deformity, with or without cast; four to seven vertebral segments | # | # | # | # | # |
| Arthrodesis, anterior, for spinal deformity, with or without cast; eight or more vertebral segments | # | # | # | # | # |
| Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic | # | # | # | # | # |
| Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar | # | # | # | # | # |
| Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (list separately in addition to primary procedure) | # | # | # | # | # |
| Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); three to six vertebral segments (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); seven to 12 vertebral segments (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Anterior instrumentation; two to three vertebral segments (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Anterior instrumentation; four to seven vertebral segments (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Anterior instrumentation; eight or more vertebral segments (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure) | # | # | # | # | # |
| Reinsertion of spinal fixation device | # | # | # | # | # |
| Removal of posterior non-segmental instrumentation (for example, Harrington rod) | # | # | # | # | # |
| Removal of posterior segmental instrumentation | # | # | # | # | # |
| Removal of anterior instrumentation | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **TRAUMA UPPER LIMB** | | | | | |
| Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation | # | # | # | # | # |
| Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation | # | # | # | # | # |
| Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation | # | # | # | # | # |
| Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of humeral condylar fracture, medial or lateral; without manipulation | # | # | # | # | # |
| Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation when performed | # | # | # | # | # |
| Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation | # | # | # | # | # |
| Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction | # | # | # | # | # |
| Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation | # | # | # | # | # |
| Closed treatment of humeral condylar fracture, medial or lateral; with manipulation | # | # | # | # | # |
| Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation | # | # | # | # | # |
| Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation | # | # | # | # | # |
| Closed treatment of radial head or neck fracture; with manipulation | # | # | # | # | # |
| Closed treatment of radial and ulnar shaft fractures; without manipulation | # | # | # | # | # |
| Open treatment of radial AND ulnar shaft fractures, with internal fixation when performed; of radius OR ulna | # | # | # | # | # |
| Open treatment of radial AND ulnar shaft fractures, with internal fixation when performed; of radius AND ulna | # | # | # | # | # |
| Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid when performed; without manipulation | # | # | # | # | # |
| Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation | # | # | # | # | # |
| Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation | # | # | # | # | # |
| Closed treatment of radial shaft fracture; with manipulation | # | # | # | # | # |
| Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation) | # | # | # | # | # |
| Closed treatment of ulnar shaft fracture; with manipulation | # | # | # | # | # |
| Closed treatment of radial and ulnar shaft fractures; with manipulation | # | # | # | # | # |
| Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid when performed; with manipulation | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **TREATMENT OF SUPRACONDYLAR FRACTURES** | | | | | |
| Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension | # | # | # | # | # |
| Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation when performed; without intercondylar extension | # | # | # | # | # |
| Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation when performed; with intercondylar extension | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **TRAUMA LOWER LIMB** | | | | | |
| Closed treatment of femoral fracture, proximal end, neck; without manipulation | # | # | # | # | # |
| Percutaneous skeletal fixation of femoral fracture, proximal end, neck | # | # | # | # | # |
| Open treatment of femoral fracture, proximal end, neck, internal fixation, or prosthetic replacement | # | # | # | # | # |
| Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation | # | # | # | # | # |
| Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage | # | # | # | # | # |
| Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage | # | # | # | # | # |
| Closed treatment of greater trochanteric fracture, without manipulation | # | # | # | # | # |
| Open treatment of greater trochanteric fracture, includes internal fixation when performed | # | # | # | # | # |
| Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) | # | # | # | # | # |
| Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) | # | # | # | # | # |
| Closed treatment of femoral shaft fracture, without manipulation | # | # | # | # | # |
| Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation | # | # | # | # | # |
| Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction | # | # | # | # | # |
| Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation | # | # | # | # | # |
| Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation | # | # | # | # | # |
| Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation when performed | # | # | # | # | # |
| Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation when performed | # | # | # | # | # |
| Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of distal femoral epiphyseal separation; without manipulation | # | # | # | # | # |
| Open treatment of distal femoral epiphyseal separation, includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of patellar fracture, without manipulation | # | # | # | # | # |
| Open treatment of patellar fracture | # | # | # | # | # |
| Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation | # | # | # | # | # |
| Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (e.g., pins or screws) | # | # | # | # | # |
| Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage | # | # | # | # | # |
| Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage | # | # | # | # | # |
| Closed treatment of medial malleolus fracture; without manipulation | # | # | # | # | # |
| Open treatment of medial malleolus fracture, includes internal fixation when performed | # | # | # | # | # |
| Open treatment of posterior malleolus fracture, includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of proximal fibula or shaft fracture; without manipulation | # | # | # | # | # |
| Open treatment of proximal fibula or shaft fracture, includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of distal fibular fracture (lateral malleolus); without manipulation | # | # | # | # | # |
| Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of bimalleolar ankle fracture (e.g., lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation | # | # | # | # | # |
| Open treatment of bimalleolar ankle fracture (e.g., lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation when performed | # | # | # | # | # |
| Closed treatment of trimalleolar ankle fracture; without manipulation | # | # | # | # | # |
| Open treatment of trimalleolar ankle fracture, includes internal fixation when performed, medial and/or lateral malleolus; without fixation of posterior lip | # | # | # | # | # |
| Open treatment of trimalleolar ankle fracture, includes internal fixation when performed, medial and/or lateral malleolus; with fixation of posterior lip | # | # | # | # | # |
| Closed treatment of fracture of weight bearing articular portion of distal tibia (e.g., pilon or tibial plafond), with or without anesthesia; without manipulation | # | # | # | # | # |
| Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation when performed; of fibula only | # | # | # | # | # |
| Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation when performed; of tibia only | # | # | # | # | # |
| Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation when performed; of both tibia and fibula | # | # | # | # | # |
| Open treatment of distal tibiofibular | # | # | # | # | # |
| Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction | # | # | # | # | # |
| Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction | # | # | # | # | # |
| Closed treatment of proximal fibula or shaft fracture; with manipulation | # | # | # | # | # |
| Closed treatment of distal fibular fracture (lateral malleolus); with manipulation | # | # | # | # | # |
| Closed treatment of bimalleolar ankle fracture (e.g., lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation | # | # | # | # | # |
| Closed treatment of trimalleolar ankle fracture; with manipulation | # | # | # | # | # |
| Closed treatment of fracture of weight bearing articular portion of distal tibia (e.g., pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation | # | # | # | # | # |
| Closed treatment of calcaneal fracture; without manipulation | # | # | # | # | # |
| Percutaneous skeletal fixation of calcaneal fracture, with manipulation | # | # | # | # | # |
| Open treatment of calcaneal fracture, includes internal fixation when performed | # | # | # | # | # |
| Open treatment of calcaneal fracture, includes internal fixation when performed; with primary iliac or other autogenous bone graft (includes obtaining graft) | # | # | # | # | # |
| Closed treatment of talus fracture; without manipulation | # | # | # | # | # |
| Percutaneous skeletal fixation of talus fracture, with manipulation | # | # | # | # | # |
| Open treatment of talus fracture, includes internal fixation when performed | # | # | # | # | # |
| Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each | # | # | # | # | # |
| Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each | # | # | # | # | # |
| Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation when performed, each | # | # | # | # | # |
| Closed treatment of metatarsal fracture; without manipulation, each | # | # | # | # | # |
| Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each | # | # | # | # | # |
| Open treatment of metatarsal fracture, includes internal fixation when performed, each | # | # | # | # | # |
| Closed treatment of fracture great toe, phalanx, or phalanges; without manipulation | # | # | # | # | # |
| Percutaneous skeletal fixation of fracture great toe, phalanx, or phalanges, with manipulation | # | # | # | # | # |
| Open treatment of fracture, great toe, phalanx, or phalanges, includes internal fixation, when performed | # | # | # | # | # |
| Closed treatment of fracture, phalanx, or phalanges, other than great toe; without manipulation, each | # | # | # | # | # |
| Open treatment of fracture, phalanx, or phalanges, other than great toe, includes internal fixation when performed, each | # | # | # | # | # |
| Closed treatment of sesamoid fracture | # | # | # | # | # |
| Open treatment of sesamoid fracture, with or without internal fixation | # | # | # | # | # |
| Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **OPEN TREATMENT OF FEMORAL SHAFT FRACTURE** | | | | | |
| Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws | # | # | # | # | # |
| Open treatment of femoral shaft fracture with plate/screws, with or without cerclage | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **HIP (RECONSTRUTION AND OTHER, EXCLUDES DEVELOPMENTAL DYSPLASIA OF THE HIP)** | | | | | |
| Osteotomy and transfer of greater trochanter of femur (separate procedure) | # | # | # | # | # |
| Osteotomy, iliac, acetabular, or innominate bone | # | # | # | # | # |
| Osteotomy, iliac, acetabular, or innominate bone; with open reduction of hip | # | # | # | # | # |
| Osteotomy, iliac, acetabular, or innominate bone; with femoral osteotomy | # | # | # | # | # |
| Osteotomy, iliac, acetabular, or innominate bone; with femoral osteotomy and with open reduction of hip | # | # | # | # | # |
| Osteotomy, pelvis, bilateral (for example, congenital malformation) | # | # | # | # | # |
| Osteotomy, femoral neck (separate procedure) | # | # | # | # | # |
| Osteotomy, intertrochanteric or subtrochanteric, including internal or external fixation and/or cast | # | # | # | # | # |
| Treatment of slipped femoral epiphysis; by traction, without reduction | # | # | # | # | # |
| Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ | # | # | # | # | # |
| Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft) | # | # | # | # | # |
| Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning | # | # | # | # | # |
| Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure) | # | # | # | # | # |
| Open treatment of slipped femoral epiphysis; osteotomy and internal fixation Hip (Developmental Dysplasia) | # | # | # | # | # |
| Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint, or traction; without anesthesia, without manipulation | # | # | # | # | # |
| Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc.) | # | # | # | # | # |
| Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc.); with femoral shaft shortening | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **SOFT TISSUE: TRANSFER, LENGTHENING AND RELEASE** | | | | | |
| Muscle transfer, any type, shoulder or upper arm; single | # | # | # | # | # |
| Muscle transfer, any type, shoulder or upper arm; multiple | # | # | # | # | # |
| Scapulopexy (for example, Sprengels deformity or for paralysis) | # | # | # | # | # |
| Tenotomy, shoulder area; single tendon | # | # | # | # | # |
| Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331) | # | # | # | # | # |
| Tendon lengthening, upper arm or elbow, each tendon | # | # | # | # | # |
| Tenotomy, open, elbow to shoulder, each tendon | # | # | # | # | # |
| Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure) | # | # | # | # | # |
| Flexor-plasty, elbow (for example, Steindler type advancement) | # | # | # | # | # |
| Flexor-plasty, elbow (for example, Steindler type advancement); with extensor advancement | # | # | # | # | # |
| Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon | # | # | # | # | # |
| Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon | # | # | # | # | # |
| Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon | # | # | # | # | # |
| Tenodesis at wrist; flexors of fingers | # | # | # | # | # |
| Tenodesis at wrist; extensors of fingers | # | # | # | # | # |
| Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon | # | # | # | # | # |
| Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon | # | # | # | # | # |
| Flexor origin slide (e.g., for cerebral palsy, Volkmann contracture), forearm and/or wrist; | # | # | # | # | # |
| Flexor origin slide (e.g., for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer | # | # | # | # | # |
| Tenotomy, adductor of hip, percutaneous (separate procedure) | # | # | # | # | # |
| Tenotomy, adductor of hip, open | # | # | # | # | # |
| Tenotomy, adductor, subcutaneous, open, with obturator neurectomy | # | # | # | # | # |
| Tenotomy, hip flexor(s), open (separate procedure) | # | # | # | # | # |
| Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure) | # | # | # | # | # |
| Release or recession, hamstring, proximal | # | # | # | # | # |
| Transfer, adductor to ischium | # | # | # | # | # |
| Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft) | # | # | # | # | # |
| Transfer paraspinal muscle to hip (includes fascial or tendon extension graft) | # | # | # | # | # |
| Transfer iliopsoas; to greater trochanter of femur | # | # | # | # | # |
| Transfer iliopsoas; to femoral neck | # | # | # | # | # |
| Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure) | # | # | # | # | # |
| Tenotomy, percutaneous, adductor or hamstring; multiple tendons | # | # | # | # | # |
| Tenotomy, open, hamstring, knee to hip; single tendon | # | # | # | # | # |
| Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg | # | # | # | # | # |
| Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral | # | # | # | # | # |
| Lengthening of hamstring tendon; single tendon | # | # | # | # | # |
| Lengthening of hamstring tendon; multiple tendons, 1 leg | # | # | # | # | # |
| Lengthening of hamstring tendon; multiple tendons, bilateral | # | # | # | # | # |
| Transplant or transfer (with muscle redirection or rerouting), thigh (e.g., extensor to flexor); single tendon | # | # | # | # | # |
| Transplant or transfer (with muscle redirection or rerouting), thigh (e.g., extensor to flexor); multiple tendons | # | # | # | # | # |
| Transfer, tendon or muscle, hamstrings to femur (e.g., Egger's type procedure) | # | # | # | # | # |
| TOTAL | # | # | # | # | # |
| **TREATMENT OF INFECTION** | | | | | |
| Incision and drainage, shoulder area; deep abscess or hematoma | # | # | # | # | # |
| Incision and drainage, shoulder area; infected bursa | # | # | # | # | # |
| Incision, bone cortex (e.g., osteomyelitis or bone abscess), shoulder area | # | # | # | # | # |
| Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body | # | # | # | # | # |
| Incision and drainage, upper arm or elbow area; deep abscess or hematoma | # | # | # | # | # |
| Incision and drainage, upper arm or elbow area; bursa | # | # | # | # | # |
| Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess), humerus or elbow | # | # | # | # | # |
| Arthrotomy, elbow, including exploration, drainage, or removal of foreign body | # | # | # | # | # |
| Incision and drainage, forearm and/or wrist; deep abscess or hematoma | # | # | # | # | # |
| Incision and drainage, forearm and/or wrist; bursa | # | # | # | # | # |
| Incision, deep, bone cortex, forearm and/or wrist (e.g., osteomyelitis or bone abscess) | # | # | # | # | # |
| Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body | # | # | # | # | # |
| Arthrotomy hip for sepsis | # | # | # | # | # |
| Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region | # | # | # | # | # |
| Incision, deep, with opening of bone cortex, femur or knee (for example, osteomyelitis or bone abscess) | # | # | # | # | # |
| Incision and drainage, pelvis or hip joint area; deep abscess or hematoma | # | # | # | # | # |
| Incision and drainage, pelvis or hip joint area; infected bursa | # | # | # | # | # |
| Incision, bone cortex, pelvis and/or hip joint (e.g., osteomyelitis or bone abscess) | # | # | # | # | # |
| Arthrotomy, knee, with exploration, drainage, or removal of foreign body (e.g., infection) | # | # | # | # | # |
| Incision and drainage, leg or ankle; deep abscess or hematoma | # | # | # | # | # |
| Incision and drainage, leg or ankle; infected bursa | # | # | # | # | # |
| Incision (e.g., osteomyelitis or bone abscess), leg or ankle | # | # | # | # | # |
| Arthrotomy, ankle, including exploration, drainage, or removal of foreign body | # | # | # | # | # |
| Incision and drainage, bursa, foot | # | # | # | # | # |
| Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space | # | # | # | # | # |
| Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas | # | # | # | # | # |
| Incision, bone cortex (e.g., osteomyelitis or bone abscess), foot | # | # | # | # | # |
| TOTAL | # | # | # | # | # |

Although at the present time there are no established minimum case requirements for graduating fellows, the Review Committee-International is reviewing graduate Case Logs for the following procedures performed at Level 1 (primary or supervising fellow surgeon) or Level 2 (assisting fellow surgeon).

* Clubfoot
* Foot and ankle deformity (excludes clubfoot)
* Hip reconstruction and other procedures (excludes developmental dysplasia of the hip)
* Limb deformity (includes length discrepancy and deranged growth)
* Open treatment of femoral shaft fracture
* Soft tissue transfer, lengthening and release
* Spine deformity
* Trauma lower limb
* Trauma upper limb
* Treatment of infection
* Treatment of supracondylar fractures