



**MINIMALLY INVASIVE FOOT AND ANKLE  
SURGERY CERTIFICATION  
CASE REQUIREMENTS AND GUIDELINES**

**555 8<sup>th</sup> Ave – Suite 1902 – New York, NY 10018**

**(888) 852-1442**

**Document number:** 61714.10142017  
Originated 10.14.2017

## MIS FOOT AND ANKLE SURGERY CASE ACCEPTANCE PROCEDURES

One component for consideration as part of the Minimally Invasive Foot and Ankle Surgery certification is submission of cases as part of the application portfolio. Once the portfolio is completed, with cases, certification will be awarded.

Certification in Minimally Invasive Foot and Ankle Surgery Certification will be awarded by way of a portfolio which demonstrates the candidate's experience in minimally invasive surgery of the foot and/or ankle medicine. A candidate whose eligibility requirements have been approved must submit documentation to demonstrate that **at least 75 points** have been earned, according to the following grid.

Activity	Points Awarded	Maximum points awarded for this activity
CMEs earned in topics relevant to MIS foot and/or ankle surgery (CMEs must be earned within 2 years prior to application submission)	1 point per CME	30
Presentations made at medical meetings/conferences relevant to MIS foot and/or ankle surgery	5 points per 1 hour presentation	10
Academic courses in topics relevant to MIS foot and/or ankle surgery	10 points per course	20
Articles published in recognized medical publications on topics relevant to MIS in foot and/or ankle surgery	10 points per article	30
Documentation of performed procedure being reported via copies of: <ul style="list-style-type: none"> <li>• Pre and Post Op Radiographs</li> <li>• All procedures must be ambulatory</li> <li>• Osseous procedures to be performed by MIS</li> <li>• Pre and Post Op labeled photograph of reported procedures</li> <li>• Pathology report (Osseous &amp; Soft Tissue)</li> </ul> ** E.M.O.B. may be used for undocumented procedures	5 points per documented procedure	15
Post-Op progress notes should be a summary of the healing process of the patient by date; include when the patient returns to normal daily activities.	5 points per patient case	15
Faculty at a recognized MIS cadaver lab.	10 points per lab	30
Certification by ABMSP or other recognized foot and/or ankle	2 points per	No limit

surgery board certification.	certification	
------------------------------	---------------	--

## CASE SUBMISSION REQUIREMENTS SUMMARY

---

**In addition to the 75 points, the following are mandatory requirements, with no points awarded:**

- **Present 5 Osseous Procedures (via Minimal Invasive Surgery)**
- **Present 3 Soft Tissue Procedures**
- **Participate in 2 Surgical Cadaver Seminars on MIS**
- **Oral and practical demonstration at a Cadaver Seminar with certification of completion**

**Time frame for cases** – Must be submitted with the completed application portfolio.

**Cases must include** - Case information sheet, case history report, admission sheet, operative reports, pathology reports, x-rays, and all follow-up notes in the SOAP format. **NOTE:** Patient’s name should be blacked out in all cases submitted.

**HIPAA** – Must have a signed HIPAA form from all patients whose cases are submitted.

**Format** – Cases can be submitted on a flash drive or **for \$50 additional fee** in a three-ring binder with tabs dividing the cases.

**Due Date** – With certification application portfolio

**Return Binder Fee** – If you submit your cases in a binder and wish to have them sent back to you, please submit a \$50 check or money order made payable to ABMSP and fill out the Return Binder Checkbox.

**Notification of Results** – ABMSP will notify you, in writing, within 60 days of submission of your entire portfolio. The results may take longer if a case review committee member had to contact you for clarification or submission of additional information.

## CASE SUBMISSION INSTRUCTIONS

---

Read the case guidelines several times to become familiar with what is required.

On **FLASH DRIVE** or In a **THREE-RING BINDER** place the below information below in the following order:

**NOTE: All charts must be prepared in chronological order as would be observed in a paper file. Each segment must be presented in sequential order within that patient file.**

### 1. CASE INFORMATION SHEET

The Case Information Sheet is a master listing of the cases being submitted. Please complete this form and place it in the front of the case submission binder. Be sure to check off the box if you want your cases returned. This form must be present for complete documentation.

**NOTE: Be sure to keep a copy of the Case Information sheet for your records**

### 2. TAB

Tabs are required to separate the cases.

### 3. MIS FOOT AND ANKLE SURGERY CASE HISTORY REPORT

Use Case History Report Cover Page (page 5) as a reference and create your own type written version that has this important information. Make sure that you include this for EACH case submitted as the first sheet behind the tab. Cases may be returned or denied if it can not be reviewed.

### 4. ADMISSION SHEET AND/OR INITIAL HISTORY REPORTS

The admission sheets (if hospital based case submission) for cases performed in a health care facility must be submitted and signed by the admitting physician. For office based cases, the patient initial history report must be submitted.

### 5. OPERATIVE REPORTS (If applicable to the case)

Applicable operative reports (for cases involving surgery) must contain a complete word description of incision, location, pathology encountered, instrumentation, fixation if used, closing, and dressing. Operative reports must show the candidate as surgeon of record. Cases where the candidate is not listed as surgeon of record will not be accepted. The operative report must be signed and legible. Non-legible reports will be discounted.

### 6. PATHOLOGY REPORTS (If applicable to the case)

A copy of the pathology report for all procedures where applicable (e.g. Foreign body, tumor, trephination, etc) must be included in case.

### 7. X-RAYS (If applicable to the case)

Copies of x-rays must be included for all applicable case submissions. X-ray views must be appropriate to the pathology involved and be germane to the case. In the case of surgery, pre-operative and post-operative views must be included. X-ray views must be appropriate to the pathology being treated. Formats for X-rays must be high resolution photo or CD/DVD. Please be sure to label each x-ray with your name and the appropriate case number.

### 8. ALL FOLLOW-UP VISITS THAT PERTAIN TO THE CASE UNTIL FINAL OUTCOME

1. All follow up visits must be included from the time of first presentation of the condition leading up to the final outcome. Notes must be in the SOAP format. **Office notes must be typed.** Copies of handwritten notes must be included if you have to re-type notes. **Post-op progress notes should be a summary of the healing process of the patient by date; include when patient was able to return to a normal daily routine.**

### 9. REPEAT STEPS 3-8 UNTIL YOUR CASE SUBMISSION IS COMPLETED

---

## SUMMARY INFORMATION ABOUT THE CASE SUBMISSIONS

---

1. Cases in the above categories are mandatory. The Board's Portfolio Review Committee retains the right to request additional information.
4. Although multiple procedures may have been performed at the same time, each case submitted is counted as only one procedure. Please specify in which category a case is being submitted with more than one procedure contained.
5. Each case submission must be accompanied by its own completed case history report. Patient history, chief complaint, previous treatment, duration of complaint, verbal picture of condition, assessment

and diagnosis, medications, post treatment notes, summation of results and physicians' satisfaction, and any complications must all be addressed in the case history submission.

6. Cases must meet our required format. Flash drive is the preferred method. With the additional \$50 fee, cases may be submitted in a three ring binder with tabs separating the cases. Do not overstuff the binder; use a second binder if necessary. Ensure that all required documentation is enclosed, do not select a case if you can not obtain all the information we require. Cases must be typed.

7. Mail cases along with all other components of the portfolio, via delivery confirmation/tracking number so you will know when everything arrives at the ABMSP office.

---

## **REVIEW COMMITTEE AND APPEALS**

---

The ABMSP Case Review Committee will review the case submission(s) for proper and complete documentation.

If a case is deemed unacceptable by any members of the committee the candidate will be notified. The candidate shall have thirty days from the date of notification to resubmit the case(s) with proper documentation to meet the requirements. The review process shall then continue.

If the committee and board of directors determine that the cases submitted fall below acceptable professional standards, cases are rejected and the candidate must earn points by another method. The committee members shall use their clinical and surgical experience in determining a candidate's status based upon knowledge and experience as shown by the case submissions and not whether the procedure would be one that a committee member would or would not choose to perform.

---

## ORAL AND PRACTICAL COMPLETION

---

Please print the following form to certify required attendance and the completion of the practical examination.

### ORAL AND PRACTICAL EXAMINATION MIFAS FORM

CANDIDATE \_\_\_\_\_

PORTFOLIO # \_\_\_\_\_

DATES AND LOCATION OF CADAVER SEMINARS \_\_\_\_\_  
\_\_\_\_\_

DATE OF ORAL EXAMINATION \_\_\_\_\_

DATE OF PRACTICAL EXAMINATION \_\_\_\_\_

ORAL QUESTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRACTICAL DEMONSTRATION

ABNORMALITY \_\_\_\_\_

PROCEDURE /TECHNIQUE FOR CORRECTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS EXAMINER CERTIFIES THE ABOVE CANDIDATE'S SUCCESSFUL COMPLETION OF THE ABOVE AND HAS MET THE REQUIREMENTS FOR MINIMALLY INVASIVE FOOT AND ANKLE SURGERY**

EXAMINER (PRINT) \_\_\_\_\_

EXAMINER (SIGNATURE) \_\_\_\_\_

DATE \_\_\_\_\_

## **CASE HISTORY REPORT COVER PAGE**

---

The first page after each tab must have a Case History Report Cover Page. On this page should be very basic information.

### **PROVIDE GENERAL INFORMATION**

Podiatrist's Name \_\_\_\_\_ (Your Name) \_\_\_\_\_

Case Report Number \_\_\_\_\_

Category \_\_\_\_\_

Condition Treated \_\_\_\_\_

Age of Patient \_\_\_\_\_

Date of Treatment \_\_\_\_\_ (Initial Date for seeing Patient with this Condition) \_\_\_\_\_

Behind this cover page, include all the documents listed on page 2. Please ensure that your office notes are in SOAP format.

S –SUBJECTIVE (Chief complaint, symptoms, duration)

O – OBJECTIVE (Clinical findings, vascular, biomechanical, neurological, previous treatment, lab results)

A – ASSESSEMENT (Diagnosis)

P – PLAN OF TREATMENT (Specific treatment, complications, changes, referral, podiatrist's & patient's satisfaction with results)

### CASE INFORMATION SHEET

Cases must be received at the Board office along with all of the other portfolio components. If you want to confirm delivery, please use UPS/FedEx which has a tracking number or the USPS with delivery confirmation – Do not call the office to confirm delivery. Please send to following address:

**AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY  
MIS Examination  
555 8<sup>th</sup> AVE, SUITE 1902  
NEW YORK, NY 10018**

Questions about submitting cases should be directed to the board’s Administrative offices, 9 am - 5 pm EST 1-888-852-1442 or you may email us at [abmsp@abmsp.org](mailto:abmsp@abmsp.org).

SUBMITTING PODIATRIST:

NAME \_\_\_\_\_

RETURN ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

I have a signed HIPAA form from all of the patient(s) whose case(s) is/are submitted herein.

I would like my case(s) returned back to me. A \$50 check or money order is enclosed payable to ABMSP.

Cases submitted without a return request and fee will be destroyed. No Exceptions will be made.

CASE NUMBER	CASE CATEGORY	DATE OF INITIAL TREATMENT
=====		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Office Use Only:

1. A R \_\_\_\_\_  
Sign Date

2. A R \_\_\_\_\_  
Sign Date

Notes:

Notes: