CASE SUMMARY INDEX FORM 111-CAQ –Sports Medicine

Last Name_____, First_____

- A list of ten (10) cases are due January 15, 2022 and are to be submitted on this form. List cases in each of the 10 categories (A-J).
- See "DESCRIPTION OF CATEGORIES FOR CASE SUBMISSION" on the CAQ-Exam Information Guide our website before creating your list of cases.
- A minimum of 8 categories must be utilized. If **only** 8 categories are utilized additional 2 cases may be submitted in the "supplemental section" at the end of this form.
- It is **imperative** that the 10 case submissions reflect a level of sophistication and relevance to the subject area under which they are listed. Reviewers will expect the cases to reflect the comprehensive evaluation of the stated diagnosis.
- **You cannot use the same patient more than once**.
- If two patients have the same initials, differentiate them by including a middle initial, i.e. TAM and TRM.

CATEGORY / CASE #	PRIMARY DIAGNOSIS	PATIENT INITIALS	# OF VISITS	Consultation	Imaging Studies	Lab Reports
A. Pediatric Musculoskeletal Injuries/Conditions						
1	_____	_____	_____	☐	☐	☐
B. Emergency Management						
2	_____	_____	_____	☐	☐	☐
C. Trauma Management						
3	_____	_____	_____	☐	☐	☐
D. Physical Medicine and Pharmacologic Treatment						
4	_____	_____	_____	☐	☐	☐
E. Biomechanics						
5	_____	_____	_____	☐	☐	☐
F. Orthotics/Pedorthics						
6	_____	_____	_____	☐	☐	☐
G. Conditioning/Training/Injury Prevention						
7	_____	_____	_____	☐	☐	☐
H. Sport specific Evaluation/Treatment						
8	_____	_____	_____	☐	☐	☐
I. Diagnostic testing/Imaging						
9	_____	_____	_____	☐	☐	☐
J. Collaborative Care/Team Physician roles						
10	_____	_____	_____	☐	☐	☐
Supplemental Cases (IF NEEDED)						

_____ S1 Category	_____	_____	☐	☐	☐
_____ S2 Category	_____	_____	☐	☐	☐

I attest that all patients submitted in this form are or were my patients, under my direct supervision and responsibility, and that no patients have been entered more than once (any duplicate initials represent different patients). I understand and agree that if ABPM discovers a breach of these rules, it will be grounds for barring me from the CAQ process.

Signature _____ Date _____