



ORTHOPEDIC SURGERY

RESIDENCY LOGBOOK

Orthopedic Surgery Residency Program Surgical Logbook Verification Form

Academic Year: June 2026 December 2026

Hospital Name:

Resident Details

Resident Name:

Residency Level:

Y2 Y3 Y4 Y5



Orthopedic Surgery Residency Program – Surgical Logbook

Specialist Supervisor (Same Hospital)

Name:

Signature:

Head of Orthopedic Department (Hospital)

Name:

Signature & Stamp:

Date:

Senior Resident Reviewer (Same Y5)

Logbook Review by Senior Resident (From Other Hospital)

(After Department Attestation)

Name:

Date:

Signature:

Completing this Surgical Logbook is mandatory to enter exams.

Orthopedic Department

Orthopedic Surgery Residency Program

Residency Year 2 – Minimum Required Procedures

Procedure	Required Number
Closed reduction and casting	15
Wound care & debridement	15
Nerve decompression	10
Tendon repair	5
External fixator application	5
Supracondylar humerus fracture fixation	5
K-wire fixation	8
DHS / PFN / Hemiarthroplasty	10

Orthopedic Surgery Residency Program – Year 2

Procedure Group: Closed reduction and casting (Required cases: 15)

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Procedure Group: Wound care & debridement (Required cases: 15)

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Procedure Group: Nerve decompression (Required cases: 10)

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Procedure Group: Tendon repair (Required cases: 5)

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
1					
2					
3					
4					
5					

Procedure Group: External fixator application (Required cases: 5)

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
1					
2					
3					
4					
5					

Procedure Group: Supracondylar humerus fracture fixation (Required cases: 5)

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
1					
2					
3					
4					
5					

Procedure Group: K-wire fixation (Required cases: 8)

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
1					
2					
3					
4					
5					
6					
7					
8					

Procedure Group: DHS / PFN / Hemiarthroplasty (Required cases: 10)

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					