



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.

Residency Year 3

Procedure	Required Number
Closed reduction and casting	20
Nerve decompression	20
Tendon repair	8
Supracondylar humerus fracture fixation	7
K-wire fixation	12
DHS / PFN / Hemiarthroplasty	20
Ankle fracture fixation	8
Intramedullary nailing	8

Orthopedic Surgery Residency Program – Year 3

Procedure Group: Closed reduction and casting (Required cases: 20)

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					

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
16					
17					
18					
19					
20					

Procedure Group: Nerve decompression (Required cases: 20)

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					
16					

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
17					
18					
19					
20					

Procedure Group: Tendon repair (Required cases: 8)

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

Procedure Group: Supracondylar humerus fracture fixation (Required cases: 7)

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

Procedure Group: K-wire fixation (Required cases: 12)

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

Procedure Group: DHS / PFN / Hemiarthroplasty (Required cases: 20)

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					
16					

No.	Procedure Name	Patient Name	Patient ID	Specialist Name	Date
17					
18					
19					
20					

Procedure Group: Ankle fracture fixation (Required cases: 8)

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

Procedure Group: Intramedullary nailing (Required cases: 8)

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