



# ORTHOPEDIC SURGERY

## RESIDENCY LOGBOOK

### Orthopedic Surgery Residency Program Surgical Logbook Verification Form

Academic Year: ☐ June 2026 ☐ December 2026

Hospital Name:

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### Resident Details

Resident Name:

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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					