



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 4

Procedure	Required Number
Plate fixation	15
Intramedullary nailing	10
Ankle fracture fixation	15
Tension band wiring	3
DHS / PFN / Hemiarthroplasty	25
Supracondylar humerus fracture fixation	8
K-wire fixation	12

Orthopedic Surgery Residency Program – Year 4

Procedure Group: Plate fixation (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: Intramedullary nailing (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: Ankle fracture fixation (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: Tension band wiring (Required cases: 3)

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

Procedure Group: DHS / PFN / Hemiarthroplasty (Required cases: 25)

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					
21					
22					
23					
24					
25					

Procedure Group: Supracondylar humerus 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: 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					