



# ORTHOPEDIC SURGERY

## RESIDENCY LOGBOOK

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**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 5

Procedure	Required Number
Plate fixation	20
Intramedullary nailing	12
Ankle fracture fixation	15
Tension band wiring	3
DHS / PFN / Hemiarthroplasty	25
Supracondylar humerus fracture fixation	8
K-wire fixation	15

# Orthopedic Surgery Residency Program – Year 5

## Procedure Group: Plate fixation (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: Intramedullary nailing (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: 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: 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					