



# IMPORTANT FACTS ABOUT THE ORTHOPEDIC BOARDS

The orthopedic Boards are harder than the Orthopaedic In-Training Exam (OITE). The OITE often consists of repeating questions with similar themes, whereas Part I of the Boards tends to go one step further. It is important to have a wide breadth of knowledge because this will allow you to make good choices on the exam. It is impossible to predict which subspecialty will receive a greater number of questions each year, so the best thing to do is cover the topics in which you tend to underperform on the OITE. Although it is easier to get a greater number correct on the OITE, your percentile score on the OITE is predictive of your success in passing Part I of the Boards. As a rule of thumb, those typically scoring greater than 50th percentile on the OITE are safe on the Boards (but please study and do not get cocky if you fall into this category). Those between the 30th and 50th percentiles are likely safe, those between the 20th to 30th percentiles are a bad day away from failing, and those below the 20th percentile are in the high-risk category.

- Details regarding Part I. The examination is offered one day a year to 750 to 800 candidates at various test sites across the country. You are allotted 9 hours for the test, which breaks down into 40 minutes of break time, a 20-minute tutorial, and 8 hours for answering the questions. If you pass Part I, you then become eligible for 5 years, not including your fellowship year. If you do not pass Part II during these 5 years, you have to reapply and pass Part I again. Typical pass/fail rates for Part I are listed in Table 1-1.
- Playing the odds. In reviewing the content of Part I, it is imperative to look at what areas of weakness you had on your OITE. Then, correlate this with the rough percentage of questions anticipated to be on the Boards regarding this topic. For example, if your strong suit is not in the rehabilitation world and this only represents 4% of the test, I am not sure dedicating extended time to this topic is wise. Essentially, this comes down to picking and choosing your battles; if you want to win the war, pick the battles that help you win. In this case, adult reconstruction and basic orthopedic knowledge are the biggest players on the test; thus, it is probably a good idea to be secure on those fronts. Trauma and pediatrics are the next 2 well-represented topics typically found in Part I. Try to cover the kinks in your armor without spending too much time on topics not well represented historically on the exam. Also, remember that each question requires at least 2 references to support the answer, so they will be based on peer-reviewed literature.