



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Orthopaedic Sports Medicine
(Orthopaedic Surgery)**

Initial Approval: 4 March 2022

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Graduate Medical Education
in Sports Medicine (Orthopaedic Surgery)**

Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Orthopaedic sports medicine is a distinct subspecialty in the field of orthopaedic surgery focused on understanding, preventing, and treating injuries and conditions that occur in active people of all ages and abilities, including athletes and non-athletes.

Int. II. Duration of Education

Int. II.A. The educational program in orthopaedic sports medicine must be 12 or 24 months in length.

I. Institution

I.A. Sponsoring Institution

See International Foundational Requirements, Section I.A.

I.B. Participating Sites

I.B.1. When orthopaedic residents and fellows are being educated at the same participating site, the residency director and fellowship director must jointly prepare and utilize a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, the roles of the residents and fellows in patient care, and how clinical and educational resources will be shared equitably.

I.B.1.a) Both program directors should together closely monitor the relationship between residency and fellowship education.

II. Program Personnel and Resources

II.A. Program Director

II.A.1. Prior to appointment, the program director must demonstrate the following:

- II.A.1.a) completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited or ACGME-I-accredited orthopaedic sports medicine fellowship; and,
- II.A.1.b) evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of fellows.

II.B. Faculty

- II.B.1. There must be at least two core physician faculty members in addition to the program director.
 - II.B.1.a) Core faculty members must have certification in orthopaedic sports medicine.
 - II.B.1.b) Core faculty members must be actively involved in the education and supervision of fellows during the length of the educational program.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

- II.D.1. Resources must include:
 - II.D.1.a) outpatient facilities;
 - II.D.1.b) a physical therapy or athletic training facility equipped with the modern therapeutic modalities used in the treatment of the injured sports medicine patient;
 - II.D.1.c) operating room facilities with modern equipment, including arthroscopes, adjunctive equipment for arthroscopy, and necessary imaging equipment; and,
 - II.D.1.d) clinical services in musculoskeletal imaging, physical therapy, and primary care sports medicine.
- II.D.2. A sufficient number and variety of new and follow-up patients must be available to ensure adequate clinical experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents if present.

III. Fellow Appointment

III.A. Eligibility Criteria

III.A.1. Prior to appointment, fellows must have completed an ACGME- or ACGME-I-accredited residency in orthopaedic surgery, or an orthopaedic surgery residency acceptable to the program director and the Sponsoring Institution's Graduate Medical Education Committee (GMEC).

III.A.1.a) When evaluating candidates who are not graduates of an ACGME-or ACGME-I-accredited residency program, the GMEC should assess each applicant's clinical experience, potential for autonomous practice, and knowledge of orthopaedic surgery principles.

III.B. Number of Fellows

See International Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:

IV.A.1.b).(1).(a) evaluating (history, physical examination, and imaging) and managing both operative and non-operative patients with sports injuries or conditions;

IV.A.1.b).(1).(b) making sound clinical decisions;

IV.A.1.b).(1).(c) differentiating between those sports injuries that require immediate surgical treatment and those that can be treated non-operatively;

IV.A.1.b).(1).(d) providing acute care of orthopaedic and other acute sports medicine injuries that may occur during athletic competition and dealing with those injuries on the athletic field;

- IV.A.1.b).(1).(e) decision-making regarding an athlete's ability to participate in practice or competition safely, including application of return-to-play criteria;
- IV.A.1.b).(1).(f) managing patients with typical histories and physical findings of chronic orthopaedic sports injuries; and,
- IV.A.1.b).(1).(g) ordering and interpreting radiologic examinations used for diagnosis of sports injuries, including specific views, bone scans, computerized axial tomography scans, and magnetic resonance imaging.
- IV.A.1.b).(2) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for orthopaedic sports medicine, including the following operative procedures:
- IV.A.1.b).(2).(a) arthroscopy (regenerative or repair procedures), allograft, and implantation procedures involving articular cartilage;
- IV.A.1.b).(2).(b) capsulorrhaphy and arthroscopy for glenohumeral instability;
- IV.A.1.b).(2).(c) elbow arthroscopy and open procedures;
- IV.A.1.b).(2).(d) knee multi-ligament repair and reconstruction;
- IV.A.1.b).(2).(e) meniscus repair procedures;
- IV.A.1.b).(2).(f) open or arthroscopic treatment for acromioclavicular instability;
- IV.A.1.b).(2).(g) repair and reconstruction procedures for knee instability, including anterior cruciate ligament (ACL) reconstruction;
- IV.A.1.b).(2).(h) repair, reconstruction, and treatment procedures for patellofemoral instability; and,
- IV.A.1.b).(2).(i) rotator cuff repair and treatment procedures.
- IV.A.1.c) Medical Knowledge
- IV.A.1.c).(1) Fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of:

- IV.A.1.c).(1).(a) basic sciences related to orthopaedic sports medicine, medicolegal issues, and musculoskeletal disorders and injuries;
- IV.A.1.c).(1).(b) the indications, risks, and limitations of commonly performed procedures in orthopaedic sports medicine;
- IV.A.1.c).(1).(c) the role of medical treatments, including available biologic interventions used in orthopaedic sports medicine;
- IV.A.1.c).(1).(d) the use of therapeutic modalities in physical therapy, including how to assess the appropriateness and efficacy of a treatment plan;
- IV.A.1.c).(1).(e) common primary care medical problems that occur in sports medicine, how to recognize those problems, and how to either treat or refer patients appropriately;
- IV.A.1.c).(1).(f) the psychological effect of injuries on athletes;
- IV.A.1.c).(1).(g) sports equipment, including braces, orthotics, and protective devices, intended to allow the athlete to continue to compete; and,
- IV.A.1.c).(1).(h) the application of research methods, including the ability to critically analyze research reports and to design and implement clinical or basic research in the field of orthopaedic sports medicine.

IV.A.1.d) Practice-based Learning and Improvement

- IV.A.1.d).(1) Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

IV.A.1.e) Interpersonal and Communication Skills

- IV.A.1.e).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

IV.A.1.f) Systems-based Practice

IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. The program must regularly hold subspecialty conferences with active faculty member and fellow participation, including at least:

IV.B.1.a) one weekly teaching conference;

IV.B.1.b) one monthly morbidity and mortality conference; and,

IV.B.1.c) one monthly journal club in orthopaedic sports medicine.

IV.B.2. The didactic curriculum must include:

IV.B.2.a) the basic sciences as they relate to orthopaedic sports medicine, including anatomy, biomechanics, mechanisms of sports injuries, and biology of healing;

IV.B.2.b) multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities;

IV.B.2.c) sports medicine issues in the areas of cardiology, dermatology, pulmonology, preventive medicine, pediatric and adolescent medicine, exercise physiology, environmental exposure, athletic populations, team physicians, and protective equipment (including braces); and,

IV.B.2.d) the evaluation of practices that ensure and improve patient safety, as well as instruction in established patient safety measures.

IV.C. Clinical Experiences

IV.C.1. The program must provide advanced education to ensure each fellow develops special expertise in orthopaedic sports medicine.

IV.C.1.a) The educational program must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research.

IV.C.2. Clinical experiences must emphasize the pathology and biomechanics of athletic injuries and the effects of injury on the athlete, including both physical and psychological manifestations.

IV.C.3. Clinical experiences must include:

- IV.C.3.a) continuing responsibility with appropriate supervision for patients with acute and chronic athletic injuries;
- IV.C.3.a).(1) Fellows must continue to provide care for their own post-operative patients until discharge or until the patients' post-operative conditions are stable and the episode of care is concluded.
- IV.C.3.b) observing the natural course of athletic injuries and the effects of various therapeutic modalities on their outcome;
- IV.C.3.c) appropriate utilization of laboratory tests, diagnostic imaging, physical modalities, non-operative treatment, and operative procedures for the diagnosis and management of athletic injuries;
- IV.C.3.d) managing patients with a wide variety of sports medicine problems;
- IV.C.3.e) providing consultation with faculty member supervision on the management of injuries in athletes;
- IV.C.3.f) working with athletic teams and/or athletic organizations;
- IV.C.3.g) providing on-site athletic event coverage;
- IV.C.3.h) experience with athletic training and physical therapy; and,
- IV.C.3.i) clearly defined educational responsibilities for fellows, allied health personnel, and residents and medical students if present.
- IV.C.3.i).(1) These teaching experiences should correlate basic biomedical knowledge with the clinical aspects of orthopaedic sports medicine.
- IV.C.4. Fellows must document their operative experience in a timely manner by reporting all cases in the ACGME-I Case Log System.
- IV.C.5. Fellows should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery subspecialties and in other disciplines when present.

IV.D. Scholarly Activity

- IV.D.1. Fellows must participate in basic and/or clinical hypothesis-based research.
- IV.D.2. The program must provide scheduled and protected time and facilities for research activities by fellows.

- IV.D.2.a) For a 12-month program, protected time for fellow research activities should be a minimum of two days per month, averaged over the program.
- IV.D.2.b) For a 24-month program, protected time for fellow research activities should be a minimum of one day a month, averaged over the program.
- IV.D.3. Each fellow should demonstrate scholarship during the program through one or more of the following: peer-reviewed publications; abstracts, posters, or presentations at international, national, or regional meetings; publication of book chapters; or lectures or formal presentations, such as grand rounds or case presentations.

V. Evaluation

V.A. Fellow Evaluation

- V.A.1. Programs must evaluate fellows within six weeks following entry into the program for expected entry-level skills so that additional education and training can be provided in a timely manner to address identified deficiencies.

V.B. Clinical Competency Committee

See International Foundational Requirements, Section V.B.

V.C. Faculty Evaluation

See International Foundational Requirements, Section V.C.

V.D. Program Evaluation and Improvement

See International Foundational Requirements, Section V.D.

V.E. Program Evaluation Committee

See International Foundational Requirements, Section V.E.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

See International Foundational Requirements, Section VI.D.

VI.E. Professionalism

See International Foundational Requirements, Section VI.E.

VI.F. Well-Being

See International Foundational Requirements, Section VI.F.

VI.G. Fatigue

See International Foundational Requirements, Section VI.G.

VI.H. Transitions of Care

See International Foundational Requirements, Section VI.H.

VI.I. Clinical Experience and Education

See International Foundational Requirements, Section VI.I.

VI.J. On-Call Activities

VI.J.1. Night float must not exceed three months per year.