

Frequently Asked Questions: Sports Medicine
Review Committees for Emergency Medicine, Family Medicine, Pediatrics,
and Physical Medicine and Rehabilitation
ACGME

Question	Answer
Introduction	
Can a fellowship program last more than one year? <i>[Program Requirement: 4.1.]</i>	The Review Committees accredit only 12 months of education in sports medicine. All accreditation requirements must be met within this 12-month period. If fellows complete more than 12 months of education in a sports medicine program, that time is considered unaccredited. If a program offers more than 12 months of education in total, those experiences will not be reviewed by the Committee.
Can fellows complete their education part-time, that is, take two years to complete the fellowship instead of one? <i>[Program Requirement: 4.1.]</i>	The program must be structured as a full-time undertaking. Individual applicants who wish to complete the sports medicine fellowship over the course of two years (as part-time fellows) will need discuss and receive approval from the relevant certifying Board.
Must the 12 months of fellowship education be completed consecutively? <i>[Program Requirement: 4.1.]</i>	Yes. It is expected that the fellowship take place within 12 consecutive months.
Institutions	
If an applying program's sponsoring institution does not have an accredited program in one of the four indicated specialties (emergency medicine, family medicine, pediatrics, or physical medicine and rehabilitation), what are its options? <i>[Program Requirement: 1.2.a.]</i>	A sports medicine fellowship application will not be considered for accreditation unless its sponsor also sponsors an ACGME-accredited core program in one of the four specialty areas identified in the Program Requirements.

Question	Answer
What relationship does the sports medicine program need to have with its ACGME-accredited residency program? <i>[Program Requirement: 1.2.a.1.]</i>	The sports medicine program must demonstrate for the Review Committee that it exists in conjunction with, and is an integral part of, one core ACGME-accredited residency program (in emergency medicine, family medicine, pediatrics, or physical medicine and rehabilitation). This can be done a number of ways: (1) faculty members of the core program are involved in teaching sports medicine fellows (e.g., by lecturing or supervising a rotation); (2) faculty members of the sports medicine program are involved in teaching residents from the core program; or (3) fellows are involved in teaching and providing education to core residents.
What are the expectations for compliance with availability to imaging and rehabilitation services? <i>[Program Requirements: 1.7.a.1.]</i>	Required imaging in the sports medicine clinic includes MRI, CT, and plain imaging (digital or silver film). Required rehabilitation services include functional rehabilitation, including the services of physical and occupational therapists, athletic trainers, and coaches.
How is compliance determined with regards to the requirement for an acute care facility? <i>[Program Requirement: 1.7.c.]</i>	The expectation is that the program has a licensed acute care hospital with an average occupancy of at least 135 beds, or an acute care facility with comparable characteristics. Comparable characteristics include access to a broad range of medical and surgical conditions that require an inpatient intensity of service, as well as an active medical staff that includes surgical and non-surgical physicians. The hospital or facility should be within 30 miles of the primary sports medicine center where the fellows learn sports medicine.
How are programs expected to demonstrate that they have access to a broad patient population of adequate size and variety? <i>[Program Requirement: 1.7.d.]</i>	Programs will describe their patient population in the application. For example, the response might indicate that at a minimum, at least 10% of the patient population in the sports medicine clinic should be pediatric (18 years of age or younger), and, in addition, at least another 10% should be adults aged 51 years or older. An “adequate number” of patients is as many as is necessary to allow fellows to acquire knowledge and/or competence in the evaluation or management of a particular disease/condition or to perform a procedure. Whether a program has a patient population that is “adequate in number and variety” will be verified in interviews with faculty members and fellows at the time of a site visit.
Program Personnel and Resources	
Does every sports medicine faculty member need to be identified in the Accreditation Data System (ADS)? <i>[Program Requirement: 2.6.]</i>	Each sports medicine faculty member (in addition to the program director) that is responsible to fulfill supervisory and teaching responsibilities must be listed in ADS.

Question	Answer
How does the Committee define "qualified" for staff members from other identified disciplines who must be available to provide consultations and assist with teaching fellows? <i>[Program Requirement: 2.12.b.]</i>	Examples of acceptable qualifications for each staff members include: • Nutrition: is a registered dietician, or holds a bachelor's degree in nutrition • Exercise Physiology: holds a bachelor's degree in exercise physiology, or is certified by the American Society of Exercise Physiology to practice exercise physiology, or has a doctorate with an academic degree or emphasis in exercise physiology from an accredited college or university • Physical Therapy: is a licensed and practicing physical therapist • Behavioral Science: is an American Board of Medical Specialties (ABMS)-certified psychiatrist, or is a licensed clinical, counseling, or educational psychologist, or is a licensed clinical social worker • Clinical Imaging: is an ABMS-certified radiologist If a program does not have individuals with these qualifications, the program will need to describe the comparable qualifications of staff members in these areas.

Educational Program	
Question	Answer
What documentation does the Review Committee suggest ensuring adequate clinical experience in determining competency for diagnostic and procedural ultrasound? <i>[Program Requirement: 4.4.c.]</i>	It is recommended that fellows maintain case logs as a means of collecting and monitoring their experiences in diagnostic and procedural ultrasound of the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot. These logs are to be maintained at the local institutional level and not through the ACGME Case Log System.
What are examples of exercise programs for school-age children? <i>[Program Requirement: 4.6.r.]</i>	Examples of exercise programs for school-age children considered acceptable by the Review Committee include in-school physical education programs, t-ball, and pee-wee soccer.
What are considered the basic principles of sports ultrasound? <i>[Program Requirement: 4.6.v.]</i>	The basic principles of sports ultrasound include ultrasound physics, the benefits and limitations of ultrasound, and image acquisition, optimization, capture, labeling, archival, and reporting.
What are expectations for conferences and workshops in which sports medicine fellows must participate? <i>[Program Requirement: 4.11.a.]</i>	Conferences, seminars, and workshops must be specifically designed to augment the clinical experiences of sports medicine fellows. Attending a sports medicine lecture given by a core program is not adequate in that it is geared toward resident education and not the education of sports medicine fellows specifically.
If a program accepts a physician(s) from a qualified specialty and the Sponsoring Institution does not have a residency program in that specialty, where may the fellow(s) practice to maintain their skills in their primary specialty? <i>[Program Requirement: 4.11.a.2.]</i>	The program, in partnership with the Sponsoring Institution, may allow the fellow(s) to temporarily work in a community practice or with an appropriate hospital service depending on the primary specialty. It may also be possible to create a temporary outpatient clinic for the specialty, within the sports medicine continuity clinic space.

Which outpatient non-operative interventional procedures are considered clinically relevant to the practice of sports medicine, and fulfill the requirement for experiences with which fellows must assist or which they must observe? <i>[Program Requirements: 4.11.c.1.-4.11.c.2.]</i>	The program is encouraged to allow fellows to have experience with non-operative procedures, including reduction of dislocation, splinting, casting, soft tissue and joint injection, arthrocentesis, management of simple uncomplicated fractures, and cervical spine immobilization.
What are the expectations regarding the extent to which fellows must assist with and/or observe inpatient and outpatient operative musculoskeletal procedures? <i>[Program Requirements: 4.11.c.1.-4.11.c.2.]</i>	The intent of the requirement is that fellows must have active involvement with operative procedures, though the requirement is written with flexibility (“must assist and/or observe”). Programs will be cited if it is not evident that fellows have the opportunity to assist with or observe such operative procedures relevant to sports medicine.
What are the expectations for continuity in the sports medicine clinic? <i>[Program Requirement: 4.11.d.2.]</i>	To ensure a continuity relationship (i.e., one clinic/patient panel followed over a long period of time on a weekly basis), it is essential that fellows spend at least one day per week for 10 months in a single sports medicine clinic. If the same patients cannot be followed over the time noted, the Committee will not consider this requirement fulfilled.
How does the Review Committee define the difference between “urgencies” and “emergencies,” and can you provide examples of both? <i>[Program Requirement: 4.11.e.3.]</i>	“Urgencies” require care within 24-48 hours. “Emergencies” uniformly require care in less than 24 hours. An urgency could be casting/splinting for follow-up with an orthopaedic surgeon on a Monday for an injury sustained on a Saturday night. An emergency would be a cervical collar and backboard for immediate transport to a spine center for a spine injury.
How many faculty members must participate in scholarly activity? <i>[Program Requirement: 4.13.]</i>	At least one sports medicine faculty member must participate in each of the following: organized clinical discussions, rounds, journal clubs, and conferences.
Evaluation	

How is the required Board pass rate measured for programs with a small number of fellows? <i>[Program Requirement: 5.6.]</i>	Fellows who graduate from ACGME-accredited sports medicine programs are expected to take and pass the ABMS and if applicable, AOA-certifying exam in sports medicine. Most sports medicine programs have only one or two fellows per year. As such, the requirements were written so that compliance is determined using a five-year timeframe.
Fellow Duty Hours in the Learning and Working Environment	
Are there situations when fellows may be supervised by licensed independent practitioners? <i>[Program Requirement: 6.6.]</i>	While there is an expectation that fellows and faculty members have ultimate responsibility for the overall care of each patient, there may be circumstances where a licensed independent practitioner or physician extender may also be involved in a supervisory role for the fellow. In such instances, the non-physician is expected to provide that supervision within the legal limits of his or her particular license.
What is an optimal clinical workload? <i>[Program Requirement: 6.17.]</i>	The program director must ensure fellow patient loads are appropriate. The optimal case load allows each fellow to see as many cases as possible, without being overwhelmed by patient care responsibilities, and without compromising a fellow's educational experience.
Who should be included in the interprofessional teams? <i>[Program Requirement: 6.18.]</i>	Physicians, advanced practice providers, case managers, certified athletic trainers, child-life specialists, coaches, emergency medical technicians, nurses, pain management specialists, paramedics, pastoral care specialists, pharmacists, physician assistants, psychiatrists, psychologists, rehabilitative therapists, respiratory therapists, and social workers are examples of professional personnel who may be part of interprofessional teams.
Other	
Does biographical information need to be provided on every faculty member?	No. Programs should provide a one-page curriculum vitae (CV) for each sports medicine physician faculty member, as well as the full CVs of any other subspecialists who are not ABMS-certified.