

**Frequently Asked Questions: Sports Medicine
Review Committee-International
ACGME International**

Question	Answer
Clinical Experiences	
How can programs schedule experiences to allow fellows to maintain skills in their primary specialty? <i>[Program Requirement: IV.C.3.]</i>	The intent of the requirement is to allow fellows to maintain skills obtained during their residency program. The location and timing of these experiences will be planned with input from the individual fellow and the program director and will vary based on the needs of the individual fellow and the sites available. Examples of sites where these experiences can occur are an outpatient clinic, urgent care center, emergency department, or a hospital unit.
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 Requirement: IV.C.5.a)]</i>	Fellows must 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.
How does the Review Committee-International define the difference between “urgencies” and “emergencies”? <i>[Program Requirement: IV.C.7.c)]</i>	Emergency care is care that is required in less than 24 hours while urgent care would require care in 24-48 hours. An example of an emergency is a cervical collar and backboard for immediate transport to a spine center for a spine injury. An example of urgent care is casting/splinting for follow-up with an orthopaedic surgeon on Monday for an injury sustained on Saturday.