

## International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Subspecialty

Advanced Specialty Requirements for: **Sports Medicine**  
Proposed Effective Date: **1 October 2023**

Comments are currently being solicited on programs requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new requirements.

The Review Committee-International will use the comments provided to determine the final version of the Program Requirements, which will be posted on the ACGME-I website once they are approved.

Requirement Number	Line Number	Rationale
<b>I.A.1.</b> The fellowship in sports medicine must function as an integral part of an ACGME-I-accredited residency in emergency medicine, family medicine, internal medicine, pediatrics or physical medicine and rehabilitation.	34-36	The relationship between the residency program and the fellowship can take many forms. The Review Committee-International does not expect a financial relationship, but does expect that there is a system to ensure effective communication, planning, and evaluation of educational experiences between the two programs. Examples include (1) faculty members from the residency and fellowship programs collaborating to plan sports medicine rotations for residents; (2) faculty members of the sports medicine program being involved in teaching residents from the associated residency program; or (3) fellows being involved in teaching and providing education to residents in the associated residency program.
<b>II.C.2.</b> The sports medicine team must include sports physiotherapists or athletic trainers with whom the fellows interact.	69-70	The sports medicine team must include health care professionals trained to use a variety of methods to improve mobility, restore function, reduce pain, and prevent injury. These methods may include application of braces, badges or tape, exercises, and stretches. Physical therapists, physiotherapists, or athletic trainers are examples of professionals who can perform these functions.
<b>IV.C.3.</b> Fellows must spend at least one half-day and no more than two half-days per week maintaining their skills in their	327-329	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

primary specialty areas.		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 on a hospital unit.
<b>IV.C.5.a)</b> Fellows must assist with, observe, and perform outpatient non-operative interventional procedures clinically relevant to the practice of sports medicine	337-339	Examples of non-operative procedures include reduction of dislocation, splinting, casting, soft tissue and joint injection, arthrocentesis, management of simple uncomplicated fractures, and cervical spine immobilization.
<b>IV.C.7.c)</b> Fellows must have clinical experiences that provide exposure to and facilitate skill development in the appropriate recognition, on-field management, and medical transportation of sports medicine urgencies and emergencies.	376-379	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 an urgency is casting/splinting for follow-up with an orthopaedic surgeon on Monday for an injury sustained on Saturday.
<b>IV.D.1.a)</b> Each fellow must complete a scholarly or quality improvement project during each year of the program.	407-408	A scholarly project includes projects in research in basic science, education, translational science, patient care, or population health; peer-reviewed grants; quality improvement and/or patient safety initiatives; systematic reviews, articles in peer-reviewed publications, or case reports.