



**ACGME International**

**Advanced Specialty Program Requirements for  
Graduate Medical Education in  
Sports and Exercise Medicine  
Residency and Fellowship**

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1 **ACGME International Specialty Program Requirements for**  
2 **Graduate Medical Education in**  
3 **Sports and Exercise Medicine Residency and Fellowship**  
4

5 **Int. Introduction**

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

12  
13 **Int.I. Definition and Scope of the Specialty**

14 Sports and exercise medicine physicians ~~fellows~~ ~~provide advanced~~  
15 ~~education to allow fellows to acquire competence in~~ preventing,  
16 diagnosing, and treating injuries related to participation in sports and/or  
17 exercise. They work with children and adolescents engaging in sports  
18 activities, professional athletes, and adults, including older adults with a range  
19 of abilities and who are using exercise and physical activity to maintain health.  
20 In addition, ~~to the study of those fields that focus on prevention, diagnosis,~~  
21 ~~treatment, and management of injuries~~ sports and exercise medicine  
22 physicians deals with illnesses and diseases that might stem from and  
23 have effects on health and physical performance, ~~Fellows also develop~~  
24 ~~skills in the~~ and evaluate and management of illnesses and diseases that  
25 might affect health and athletic performance. Sports and exercise medicine  
26 ~~fellows~~ physicians embrace the concept that “exercise is medicine” and  
27 the necessity of promoting physical activity in diverse patients with or  
28 without disease.  
29

30 **Int.II. Duration of Education**

31  
32 Int.II.A. The educational program in a sports and exercise medicine residency must be  
33 36 or 48 months in length.

34  
35 Int.II.B. The educational program in a sports and exercise medicine fellowship must be  
36 12 or 24 months in length.  
37

38 **I. Institution**

39  
40 **I.A. Sponsoring Institution**

41  
42 I.A.1. A fellowship program in sports and exercise medicine must function as an  
43 integral part of an ACGME-I-accredited residency in emergency medicine,  
44 family medicine, internal medicine, pediatrics or physical medicine and  
45 rehabilitation.  
46

47 **I.B. Participating Sites**

48  
49 I.B.1. A residency program in sports and exercise medicine must ensure the  
50 availability of faculty members who are general internists with teaching

51 experience at the primary clinical site and at each participating site providing  
52 required general internal medicine rotations.  
53

54 **II. Program Personnel and Resources**  
55

56 **II.A. Program Director**  
57

58 See International Foundational Requirements, Section II.A.  
59

60 **II.B. Faculty**  
61

62 II.B.1. In addition to the sports and exercise medicine program director, there  
63 must be at least one sports and exercise medicine faculty member with  
64 current subspecialty certification in sports and exercise medicine or who  
65 has other qualifications acceptable to the Review Committee  
66 International.  
67

68 II.B.2. The faculty must include at least one orthopaedic surgeon who is  
69 engaged in the operative management of sports injuries and other  
70 conditions.  
71

72 II.B.2.a) This faculty member must be available to teach and provide  
73 consultation to the residents/fellows.  
74

75 II.B.3. Faculty members should encourage and support residents/fellows in  
76 scholarly activity.  
77

78 **II.C. Other Program Personnel**  
79

80 II.C.1. ~~The program coordinator must be provided with support equal to a~~  
81 ~~dedicated minimum of 20 percent FTE for administration of the program.~~  
82

83 II.C.1. The sports and exercise medicine team must include sports  
84 physiotherapists or athletic trainers with whom the residents/fellows  
85 interact.  
86

87 II.C.2. Programs should have access to qualified staff members in disciplines  
88 such as behavioral science, biomechanics clinical imaging, exercise  
89 physiology, neuropsychology, nutrition, and physical therapy.  
90

91 **II.D. Resources**  
92

93 II.D.1. There must be a patient population that includes patients of all ages and  
94 physical abilities, as well as ethnic and gender diversity, and that is  
95 adequate in number and variety to meet the needs of the educational  
96 program.  
97

98 II.D.2. There must be an identifiable sports and exercise medicine clinic that  
99 offers continuing care to patients who seek consultation regarding sports-  
100 or exercise-related health problems.  
101

- 102 II.D.2.a) The sports and exercise medicine clinic must have up-to-date  
103 diagnostic imaging and functional rehabilitation services available  
104 and accessible to clinic patients.  
105
- 106 II.D.2.b) Consultation in medical and surgical specialties and subspecialties  
107 must be readily available.  
108
- 109 II.D.3. The program must have access to sporting events, team sports, and  
110 mass-participation events.  
111
- 112 II.D.4. There must be an acute care facility that provides access to the full range  
113 of services typically found in an acute care general hospital.  
114
- 115 **III. Resident/Fellow Appointment**  
116
- 117 **III.A. Eligibility Criteria**  
118
- 119 III.A.1. To be eligible for appointment to a residency program, residents must have  
120 successfully fulfilled eligibility requirements outlined in the Foundational  
121 Requirements for residency programs.  
122
- 123 III.A.2. To be eligible for appointment to a fellowship program~~Prior to~~  
124 ~~appointment in the program~~, fellows should have completed an ACGME-I-  
125 accredited residency program in emergency medicine, family medicine,  
126 internal medicine, pediatrics, or physical medicine and rehabilitation; or  
127 an emergency medicine, family medicine, internal medicine, pediatrics or  
128 physical medicine and rehabilitation residency program that is acceptable  
129 to the Sponsoring Institution's Graduate Medical Education Committee.  
130
- 131 **III.B. Number of Residents/Fellows**  
132  
133 See International Foundational Requirements, Section III.B.  
134
- 135 **III.C. Resident Transfers**  
136  
137 See International Foundational Requirements, Section III.C.  
138
- 139 **III.D. Appointment of Residents/Fellows and Other Learners**  
140  
141 See International Foundational Requirements, Section III.D.  
142
- 143 **IV. Specialty-Specific Educational Program**  
144
- 145 **IV.A. ACGME-I Competencies**  
146
- 147 IV.A.1. The program must integrate the following ACGME-I Competencies into  
148 the curriculum.  
149
- 150 IV.A.1.a) Professionalism  
151
- 152 IV.A.1.a).(1) Residents/fellows must demonstrate a commitment to

153		professionalism and an adherence to ethical principles.
154		<u>Residents/fellows must demonstrate:</u>
155		
156	IV.A.1.a).(1).(a)	<u>compassion, integrity, and respect for others;</u>
157		
158	IV.A.1.a).(1).(b)	<u>responsiveness to patient needs that supersedes</u>
159		<u>self-interest;</u>
160		
161	IV.A.1.a).(1).(c)	<u>cultural awareness;</u>
162		
163	IV.A.1.a).(1).(d)	<u>respect for patient privacy and autonomy;</u>
164		
165	IV.A.1.a).(1).(e)	<u>accountability to patients, society, and the</u>
166		<u>profession;</u>
167		
168	IV.A.1.a).(1).(f)	<u>respect and responsiveness to heterogeneous</u>
169		<u>patient populations, including but not limited to</u>
170		<u>gender, age, culture, race, religion, disabilities,</u>
171		<u>national origin, socioeconomic status, and sexual</u>
172		<u>orientation;</u>
173		
174	IV.A.1.a).(1).(g)	<u>ability to recognize and develop a plan for one's own</u>
175		<u>personal and professional well-being; and,</u>
176		
177	IV.A.1.a).(1).(h)	<u>ability to appropriately disclose and address conflict</u>
178		<u>or duality of interest.</u>
179		
180	IV.A.1.b)	Patient Care and Procedural Skills
181		
182	IV.A.1.b).(1)	<u>Residents/fellows must provide patient care that is</u>
183		compassionate, appropriate, and effective for the treatment
184		of health problems and the promotion of health.
185		
186	IV.A.1.b).(2)	<u>Residents must demonstrate competence in fundamental</u>
187		<u>clinical skills, including:</u>
188		
189	IV.A.1.b).(2).(a)	<u>obtaining a comprehensive medical history;</u>
190		
191	IV.A.1.b).(2).(b)	<u>performing a comprehensive physical examination;</u>
192		
193	IV.A.1.b).(2).(c)	<u>assessing a patient's medical condition;</u>
194		
195	IV.A.1.b).(2).(d)	<u>making appropriate use of diagnostic studies and</u>
196		<u>tests;</u>
197		
198	IV.A.1.b).(2).(e)	<u>integrating information to develop a differential</u>
199		<u>diagnosis; and,</u>
200		
201	IV.A.1.b).(2).(f)	<u>developing, implementing, and evaluating a</u>
202		<u>treatment plan.</u>
203		

204	IV.A.1.b).(3)	<u>Residents/fellows</u> must demonstrate competence in:
205		
206	IV.A.1.b).(3).(a)	diagnosing and providing non-operative
207		management of medical illnesses and injuries
208		related to sports and exercise, including:
209		
210	IV.A.1.b).(3).(a).(i)	hematomas;
211		
212	IV.A.1.b).(3).(a).(ii)	sprains and strains;
213		
214	IV.A.1.b).(3).(a).(iii)	stress fractures;
215		
216	IV.A.1.b).(3).(a).(iv)	traumatic fractures and dislocations; and,
217		
218	IV.A.1.b).(3).(a).(v)	osteoarthritis and tendon disorders.
219		
220	IV.A.1.b).(3).(b)	working with special patient populations, such as
221		<u>older adults</u> , adaptive athletes, and athletes with
222		intellectual disabilities; and,
223		
224	IV.A.1.b).(3).(c)	evaluating sports-related injuries using diagnostic
225		ultrasound.
226		
227	IV.A.1.b).(3).(c).(i)	This should include ultrasound of the
228		shoulder, elbow, wrist, hand, hip, knee,
229		ankle, and foot, as well as extended
230		focused assessment with sonography for
231		trauma examination.
232		
233	IV.A.1.b).(4)	<u>Residents/fellows</u> must perform all medical, diagnostic,
234		and surgical procedures considered essential for the
235		practice of sports and exercise medicine. Residents/fellows
236		must demonstrate competence in:
237		
238	IV.A.1.b).(4).(a)	diagnosing and providing timely referral for
239		operative treatment of sports-related injuries,
240		including:
241		
242	IV.A.1.b).(4).(a).(i)	comprehensive care of osteoarthritis and
243		tendon disorders;
244		
245	IV.A.1.b).(4).(a).(ii)	hematomas;
246		
247	IV.A.1.b).(4).(a).(iii)	stress fractures;
248		
249	IV.A.1.b).(4).(a).(iv)	surgical sprains and strains; and,
250		
251	IV.A.1.b).(4).(a).(v)	traumatic fractures and dislocations.
252		
253	IV.A.1.b).(4).(b)	evaluating and using splinting, bracing, and casting
254		for musculoskeletal injuries;

255		
256	IV.A.1.b).(4).(c)	interpreting results from useful tests and procedures, including:
257		
258		
259	IV.A.1.b).(4).(c).(i)	cardiopulmonary exercise test (CPET);
260		
261	IV.A.1.b).(4).(c).(ii)	exercise tolerance test (ETT);
262		
263	IV.A.1.b).(4).(c).(iii)	gait analysis;
264		
265	IV.A.1.b).(4).(c).(iv)	nerve conduction velocity(NCV)/electromyogram (EMG); and,
266		
267		
268	IV.A.1.b).(4).(c).(v)	neuropsychology evaluation.
269		
270	IV.A.1.b).(4).(d)	performing ultrasound-guided procedures for the treatment of sports-related injuries.
271		
272		
273	IV.A.1.b).(4).(d).(i)	These should include injuries to the ankle, elbow, foot, hand, hip, knee, shoulder, and wrist.
274		
275		
276		
277	IV.A.1.c)	Medical Knowledge
278		
279	IV.A.1.c).(1)	<u>Residents/fellows</u> 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.
280		
281		
282		
283		<u>Residents/fellows</u> must demonstrate knowledge of:
284		
285	IV.A.1.c).(1).(a)	anatomy, exercise physiology, and biomechanics of exercise;
286		
287		
288	IV.A.1.c).(1).(b)	areas appropriate for a specialist/subspecialist in sports <u>and exercise</u> medicine, specifically, key aspects of sports cardiology, concussion, and neurologic conditions in sport, as well as the dermatologic, endocrinologic, immunologic, infectious, rheumatologic, pulmonary, and other medical conditions that may complicate and require special care for individuals who exercise and/or participate in sports;
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297		
298	IV.A.1.c).(1).(c)	basic nutritional principles, such as dietary analysis, and their application to exercise;
299		
300		
301	IV.A.1.c).(1).(d)	basic principles of sports ultrasound, and the sonographic appearance of normal and pathologic adipose, fascia, muscle, tendon, bone, cartilage, joint, vasculature, and nerves;
302		
303		
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305		

306	IV.A.1.c).(1).(e)	clinical pharmacology relevant to sports and exercise medicine and the effects of therapeutic, performance- enhancing, and mood-altering drugs;
307		
308		
309		
310	IV.A.1.c).(1).(f)	<u>effects of sports and/or exercise on aging;</u>
311		
312	IV.A.1.c).(1).(g)	effects of disease on exercise and the use of exercise prescription and rehabilitation in the care of medical and musculoskeletal problems to promote and maintain health in all ages and special patient populations;
313		
314		
315		
316		
317		
318	IV.A.1.c).(1).(h)	environmental effects on sports and/or exercise;
319		
320	IV.A.1.c).(1).(i)	ethical principles as applied to exercise and sports;
321		
322	IV.A.1.c).(1).(j)	<u>exercise programs in adults, including older adults;</u>
323		
324	IV.A.1.c).(1).(k)	exercise programs in school-age children;
325		
326	IV.A.1.c).(1).(l)	growth and development related to sports and/or exercise;
327		
328		
329	IV.A.1.c).(1).(m)	guidelines for appropriate history-taking and physical evaluation prior to participation in exercise and sport;
330		
331		
332		
333	IV.A.1.c).(1).(n)	medicolegal aspects of exercise and sports;
334		
335	IV.A.1.c).(1).(o)	musculoskeletal radiology;
336		
337	IV.A.1.c).(1).(p)	orthopaedic injuries that occur in sports common within the program's patient population;
338		
339		
340	IV.A.1.c).(1).(q)	pathology and pathophysiology of illness and injury as they relate to sports and/or exercise;
341		
342		
343	IV.A.1.c).(1).(r)	physical conditioning requirements for various exercise-related activities and sports;
344		
345		
346	IV.A.1.c).(1).(s)	prevention, evaluation, management, and promotion of physical fitness, strength training, flexibility, and healthy lifestyle;
347		
348		
349		
350	IV.A.1.c).(1).(t)	psychological aspects of exercise, performance, and competition;
351		
352		
353	IV.A.1.c).(1).(u)	rehabilitation of injuries and sports-related illnesses;
354		
355	IV.A.1.c).(1).(v)	science of orthobiologics care in sports and exercise medicine;
356		

357		
358	IV.A.1.c).(1).(w)	special considerations for age, gender, race,
359		population health, health disparity, disability, and
360		other health inequities; and,
361		
362	IV.A.1.c).(1).(x)	the role of sports and/or exercise in maintaining the
363		health and function of <del>the elderly</del> <u>older adults</u> .
364		
365	IV.A.1.d)	Practice-Based Learning and Improvement
366		
367	IV.A.1.d).(1)	<u>Residents/fellows</u> must demonstrate the ability to
368		investigate and evaluate their care of patients, to appraise
369		and assimilate scientific evidence, and to continuously
370		improve patient care based on constant self-evaluation
371		and lifelong learning. <u>Residents/fellows must demonstrate</u>
372		<u>competence in:</u>
373		
374	IV.A.1.d).(1).(a)	<u>identifying strengths, deficiencies, and limits in</u>
375		<u>one's knowledge and expertise;</u>
376		
377	IV.A.1.d).(1).(b)	<u>setting learning and improvement goals;</u>
378		
379	IV.A.1.d).(1).(c)	<u>identifying and performing appropriate learning</u>
380		<u>activities;</u>
381		
382	IV.A.1.d).(1).(d)	<u>systematically analyzing practice using quality</u>
383		<u>improvement methods, including activities aimed at</u>
384		<u>reducing health care disparities, and implementing</u>
385		<u>changes with the goal of practice improvement;</u>
386		
387	IV.A.1.d).(1).(e)	<u>incorporating feedback and formative evaluation</u>
388		<u>into daily practice; and,</u>
389		
390	IV.A.1.d).(1).(f)	<u>locating, appraising, and assimilating evidence from</u>
391		<u>scientific studies related to their patients' health</u>
392		<u>problems.</u>
393		
394	IV.A.1.e)	Interpersonal and Communication Skills
395		
396	IV.A.1.e).(1)	<u>Residents/fellows</u> must demonstrate interpersonal and
397		communication skills that result in the effective exchange
398		of information and collaboration with patients, patients'
399		families, and health professionals. <u>Residents/fellows must</u>
400		<u>demonstrate competence in:</u>
401		
402	IV.A.1.e).(1).(a)	<u>communicating effectively with patients and</u>
403		<u>patients' families, as appropriate, across a broad</u>
404		<u>range of socioeconomic circumstances, cultural</u>
405		<u>backgrounds, and language capabilities, learning to</u>
406		<u>engage interpretive services as required to provide</u>
407		<u>appropriate care to each patient;</u>

408		
409	IV.A.1.e).(1).(b)	<u>communicating effectively with physicians, other health professionals, and health-related agencies;</u>
410		
411		
412	IV.A.1.e).(1).(c)	<u>working effectively as a member or leader of a health care team or other professional group;</u>
413		
414		
415	IV.A.1.e).(1).(d)	<u>educating patients, patients' families, students, other residents/fellows, and other health care professionals;</u>
416		
417		
418		
419	IV.A.1.e).(1).(e)	<u>acting in a consultative role to other physicians and health professionals;</u>
420		
421		
422	IV.A.1.e).(1).(f)	<u>maintaining comprehensive, timely, and legible medical records; and,</u>
423		
424		
425	IV.A.1.e).(1).(g)	<u>communicating with patients and patients' families to partner with them to assess their care goals including, when appropriate, end-of-life-goals.</u>
426		
427		
428		
429	IV.A.1.f)	Systems-Based Practice
430		
431	IV.A.1.f).(1)	Residents/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. <u>Residents/fellows must demonstrate competence in:</u>
432		
433		
434		
435		
436		
437		
438	IV.A.1.f).(1).(a)	<u>working effectively in various health care delivery settings and systems relevant to their clinical specialty;</u>
439		
440		
441		
442	IV.A.1.f).(1).(b)	<u>coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty;</u>
443		
444		
445		
446	IV.A.1.f).(1).(c)	<u>advocating for quality patient care and optimal patient care systems;</u>
447		
448		
449	IV.A.1.f).(1).(d)	<u>incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;</u>
450		
451		
452		
453		
454	IV.A.1.f).(1).(e)	<u>understanding health care finances and their impact on individual patients' health decisions;</u>
455		
456		
457	IV.A.1.f).(1).(f)	<u>using tools and techniques that promote patient safety and disclosure of patient safety events (real</u>
458		

- 459 or simulated); and.  
460  
461 IV.A.1.f).(1).(g) advocating for patients within the health care  
462 system to achieve the patients' and patient's  
463 family's care goals, including, when appropriate,  
464 end-of-life goals.  
465  
466 **IV.B. Regularly Scheduled Educational Activities**  
467  
468 IV.B.1. For residency programs, there must be regularly scheduled didactic  
469 sessions during the first years of the program that enhance and  
470 correspond to the residents' fundamental clinical skills education.  
471  
472 IV.B.2. For residency and fellowship programs, there must be conferences,  
473 seminars, and/or workshops in sports and exercise medicine specifically  
474 designed to augment residents'/fellows' clinical experiences.  
475  
476 **IV.C. Clinical Experiences**  
477  
478 IV.C.1. ~~Clinical activities in sports medicine must represent a minimum of~~  
479 ~~60 percent of the residents'/fellows' time in the program(revised~~  
480 ~~and moved to IV.C.3. below)~~  
481  
482 IV.C.1.a) ~~The remainder of the time should be spent in didactic and~~  
483 ~~scholarly activities, and in the practice of the fellow's primary~~  
484 ~~specialty.~~  
485  
486 IV.C.1. Rotations must be of sufficient length to provide a quality educational  
487 experience, defined by continuity of patient care, ongoing supervision,  
488 longitudinal relationships with faculty members, and high-quality  
489 assessment and feedback.  
490  
491 IV.C.2. During the first years of the residency program, the curriculum must  
492 include 24 months of foundational educational experiences in emergency  
493 medicine, family medicine, internal medicine, cardiology, rheumatology,  
494 pediatrics, physical medicine and rehabilitation, and orthopaedic surgery.  
495  
496 IV.C.2.a) The residency curriculum must include elective experiences  
497 designed to meet individual educational needs.  
498  
499 IV.C.2.b) With appropriate supervision, residents must have first-contact  
500 responsibility for providing direct patient care in all settings,  
501 including evaluation and management of all types and acuity  
502 levels of patients, and writing orders, progress notes, and  
503 relevant records.  
504  
505 IV.C.3. Clinical activities in sports and exercise medicine must be planned for  
506 the final years of the residency program.  
507  
508 IV.C.4. During clinical sports and exercise medicine activities, residents/fellows

- 509 must allocate no less than 60 percent of their time to providing sports  
510 and exercise medicine-focused care.
- 511
- 512 IV.C.4.a) Fellows must spend at least one half-day and no more than two  
513 half-days per week maintaining their skills in their primary  
514 specialty areas.
- 515
- 516 IV.C.5. Residents/fellows must participate in conducting pre-participation  
517 physical evaluations of athletes.
- 518
- 519 IV.C.6. Residents/fellows must have experience with procedures relevant  
520 to the practice of sports and exercise medicine.
- 521
- 522 IV.C.6.a) Residents/fellows must assist with, observe, and perform  
523 outpatient non-operative interventional procedures  
524 clinically relevant to the practice of sports and exercise  
525 medicine.
- 526
- 527 IV.C.6.b) Residents/fellows must assist with and/or observe  
528 operative musculoskeletal procedures clinically relevant to  
529 the practice of sports and exercise medicine.
- 530
- 531 IV.C.7. Residents/fellows must have a sports and exercise medicine clinic  
532 experience.
- 533
- 534 IV.C.7.a) Residents/fellows must provide sports and exercise medicine  
535 clinic patients with continuing, comprehensive care and provide  
536 consultation for health problems related to sports and exercise.
- 537
- 538 IV.C.7.b) Each resident in a 36-month residency program or each fellow in a  
539 12-month fellowship program must spend at least one day per  
540 week for 10 months in a single sports and exercise medicine clinic  
541 providing care to patients.
- 542
- 543 IV.C.7.c) Each resident in a 48-month residency program or each fellow in a  
544 24-month fellowship program must spend at least one day per  
545 week for 20 months in a single sports and exercise medicine clinic  
546 providing care to patients.
- 547
- 548 IV.C.7.d) If a ~~fellow's~~ sports and exercise medicine clinic patients are  
549 hospitalized, the resident/fellow must either follow them during  
550 their inpatient stay and resume outpatient care following the  
551 hospitalization or remain in active communication with the  
552 inpatient care team regarding management and treatment  
553 decisions and resume outpatient care following the hospitalization.
- 554
- 555 IV.C.8. Residents/fellows must have experience providing on-site sports care, to  
556 include:
- 557
- 558 IV.C.8.a) ~~Fellows must assisting~~ with the planning and implementation of all

- 559 aspects of medical care at various sporting events;  
560  
561 IV.C.8.b) ~~Fellows must participating~~ in providing comprehensive and  
562 continuing care to a single sports team where medical care can be  
563 provided across seasons, or to several sports teams across  
564 seasons;  
565  
566 IV.C.8.c) ~~Fellows must have clinical experiences that provide exposure to~~  
567 ~~and facilitate skill development in the appropriate recognition~~  
568 conducting appropriate on-field management, and medical  
569 transportation of sports medicine urgencies and emergencies; and,  
570  
571 IV.C.8.d) ~~Each fellow must functioning~~ as a team physician, including ~~and~~  
572 ~~have experience~~ managing patients in the training room.  
573  
574 IV.C.9. Residents/fellows must take part in mass-participation events, to include:  
575  
576 IV.C.9.a) ~~Fellows must assisting~~ with the planning and implementation of all  
577 aspects of medical care for at least one mass-participation sports  
578 event; and,  
579  
580 IV.C.9.b) ~~Fellows must have experience~~ providing event planning,  
581 coordination with local Emergency Medical Systems, direct care  
582 planning, medical consultation, and protection of participants.  
583  
584 IV.C.10. Residents/fellows must have experience working in community sports  
585 medicine network involving allied health personnel, coaches, parents,  
586 physical therapists or athletic trainers, and other physicians, as well as  
587 other residents/fellows.  
588  
589 IV.C.11. Residents/fellows must have clinical experience providing consultation  
590 and care to adults (including older adults), adaptive athletes and athletes  
591 with intellectual disabilities who are using exercise to maintain health and  
592 physical functioning.  
593  
594 IV.C.12. Clinical experiences should be structured to facilitate learning in a manner  
595 that allows the residents/fellows to function as part of an effective  
596 interprofessional team that works together longitudinally with shared  
597 goals of patient safety and quality improvement.  
598  
599 **IV.D. Scholarly Activity**  
600  
601 IV.D.1. Resident/Fellow Scholarly Activity  
602  
603 IV.D.1.a) Each resident/fellow must complete a scholarly or quality  
604 improvement project ~~during each year of the program.~~  
605  
606 IV.D.1.b) Evidence of scholarly activity must include at least one of the  
607 following:  
608  
609 IV.D.1.b).(1) peer-reviewed funding and research;

610		
611	IV.D.1.b).(2)	presentation(s) or poster(s) at regional, or national
612		professional and scientific society meetings; or,
613		
614	IV.D.1.b).(3)	publication of original research or review article(s) and
615		book chapter(s).
616		
617	IV.D.2.	Faculty Scholarly Activity
618		
619		See International Foundational Requirements, Section IV.D.2.
620		
621	<b>V.</b>	<b>Evaluation</b>
622		
623		See International Foundational Requirements, Section V.
624		
625	<b>VI.</b>	<b>The Learning and Working Environment</b>
626		
627		See International Foundational Requirements, Section VI.