



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Sports Medicine
(Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics,
Physical Medicine and Rehabilitation)**

Initial approval:

1 **ACGME International Specialty Program Requirements for**
2 **Graduate Medical Education in**
3 **Sports Medicine**
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5 **Physical Medicine and Rehabilitation)**
6

7 **Int. Introduction**

8 *Background and Intent: Programs must achieve and maintain Foundational Accreditation*
9 *according to the ACGME-I Foundational Requirements prior to receiving Advanced*
10 *Specialty Accreditation. The Advanced Specialty Requirements noted below*
11 *complement ACGME-I Foundational Requirements. For each section, the Advanced*
12 *Specialty Requirements should be considered together with the Foundational*
13 *Requirements.*
14

15 **Int. I. Definition and Scope of the Specialty**

16 Sports medicine fellowships provide advanced education to allow fellows to
17 acquire competence in preventing, diagnosing, and treating injuries related
18 to participation in sports and/or exercise. In addition to the study of those
19 fields that focus on prevention, diagnosis, treatment, and management of
20 injuries, sports medicine deals with illnesses and diseases that might stem
21 from and have effects on health and physical performance. Fellows also
22 develop skills in the evaluation and management of those illnesses and
23 diseases that might affect health and athletic performance. Sports medicine
24 fellowships embrace the concept that “exercise is medicine” and the
25 necessity of promoting physical activity in diverse patients with or without
26 disease.
27

28 **Int. II. Duration of Education**

29
30 Int. II.A. The educational program in sports medicine must be 12 or 24 months in length.
31

32 **I. Institution**

33 **I.A. Sponsoring Institution**

34 I.A.1. A fellowship in sports medicine must function as an integral part of an
35 ACGME-I-accredited residency in emergency medicine, family medicine,
36 internal medicine, pediatrics, or physical medicine and rehabilitation.

37 **I.B. Participating Sites**

38
39 See International Foundational Requirements, Section I.B.
40

41 **II. Program Personnel and Resources**

42
43 **II.A. Program Director**

44
45 See International Foundational Requirements, Section II.A.

- 46 **II.B. Faculty**
47
48 II.B.1. In addition to the sports medicine program director, there must be at least
49 one sports medicine faculty member with current subspecialty certification
50 in sports medicine or who has other qualifications acceptable to the
51 Review Committee-International.
52
53 II.B.2. The faculty must include at least one orthopaedic surgeon who is
54 engaged in the operative management of sports injuries and other
55 conditions.
56
57 II.B.2.a) The orthopaedic surgery faculty member must be available to
58 teach and provide consultation to the fellows.
59
60 II.B.3. Faculty members should encourage and support fellows in scholarly
61 activity.
62
63 **II.C. Other Program Personnel**
64
65 II.C.1. The program coordinator must be provided with support equal to a
66 dedicated minimum of 20 percent full-time equivalency (FTE) for
67 administration of the program.
68
69 II.C.2. The sports medicine team must include sports physiotherapists or athletic
70 trainers with whom the fellows interact.
71
72 II.C.3. Programs should have access to qualified staff members in disciplines
73 such as: behavioral science; biomechanics; clinical imaging; exercise
74 physiology; neuropsychology; nutrition; and physical therapy.
75
76 **II.D. Resources**
77
78 II.D.1. There must be a patient population that includes patients of all ages and
79 physical abilities, as well as ethnic and gender diversity, and that is
80 adequate in number and variety to meet the needs of the educational
81 program.
82
83 II.D.2. There must be an identifiable sports medicine clinic that offers continuing
84 care to patients who seek consultation regarding sports- or exercise-
85 related health problems.
86
87 II.D.2.a) The sports medicine clinic must have up-to-date diagnostic
88 imaging and functional rehabilitation services available and be
89 accessible to clinic patients.
90
91 II.D.2.b) Consultation in medical and surgical specialties and subspecialties
92 must be readily available.
93
94 II.D.3. The program must have access to sporting events, team sports, and
95 mass-participation events.
96

- 97 II.D.4. There must be an acute care facility that provides access to the full range
 98 of services typically found in an acute care general hospital.
 99
- 100 **III. Fellow Appointment**
- 101
- 102 **III.A. Eligibility Criteria**
- 103 III.A.1. Prior to appointment in the program, fellows should have completed an
 104 ACGME-I-accredited residency program in emergency medicine, family
 105 medicine, internal medicine, pediatrics, or physical medicine and
 106 rehabilitation; or an emergency medicine, family medicine, internal
 107 medicine, pediatrics, or physical medicine and rehabilitation residency
 108 program acceptable to the Sponsoring Institution's Graduate Medical
 109 Education Committee.
 110
- 111 **III.B. Number of Fellows**
- 112
- 113 See International Foundational Requirements, Section III.B.
 114
- 115 **IV. Specialty-Specific Educational Program**
- 116 **IV.A. ACGME-I Competencies**
- 117 IV.A.1. The program must integrate the following ACGME-I Competencies into
 118 the curriculum.
- 119 IV.A.1.a) Professionalism
- 120 IV.A.1.a).(1) Fellows must demonstrate a commitment to
 121 professionalism and an adherence to ethical principles.
 122
- 123 IV.A.1.b) Patient Care and Procedural Skills
- 124
- 125 IV.A.1.b).(1) Fellows must provide patient care that is compassionate,
 126 appropriate, and effective for the treatment of health
 127 problems and the promotion of health. Fellows must
 128 demonstrate competence in:
 129
- 130 IV.A.1.b).(1).(a) diagnosing and providing non-operative
 131 management of medical illnesses and injuries
 132 related to sports and exercise, including:
 133
- 134 IV.A.1.b).(1).(a).(i) hematomas;
- 135
- 136 IV.A.1.b).(1).(a).(ii) sprains and strains;
- 137
- 138 IV.A.1.b).(1).(a).(iii) stress fractures;
- 139
- 140 IV.A.1.b).(1).(a).(iv) traumatic fractures and dislocations; and,
- 141
- 142 IV.A.1.b).(1).(a).(v) osteoarthritis and tendon disorders.

143		
144	IV.A.1.b).(1).(b)	working with special patient populations, such as adaptive athletes and athletes with intellectual disabilities; and,
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148	IV.A.1.b).(1).(c)	evaluating sports-related injuries using diagnostic ultrasound.
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150		
151	IV.A.1.b).(1).(c).(i)	This should include ultrasound of the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot, and extended focused assessment with sonography for trauma examination.
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157	IV.A.1.b).(2)	Fellows must perform all medical, diagnostic, and surgical procedures considered essential for the practice of sports medicine. Fellows must demonstrate competence in:
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161	IV.A.1.b).(2).(a)	diagnosing and providing timely referral for operative treatment of sports-related injuries, including:
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164		
165	IV.A.1.b).(2).(a).(i)	comprehensive care of osteoarthritis and tendon disorders;
166		
167		
168	IV.A.1.b).(2).(a).(ii)	hematomas;
169		
170	IV.A.1.b).(2).(a).(iii)	stress fractures;
171		
172	IV.A.1.b).(2).(a).(iv)	surgical sprains and strains; and,
173		
174	IV.A.1.b).(2).(a).(v)	traumatic fractures and dislocations.
175		
176	IV.A.1.b).(2).(b)	evaluating and using splinting, bracing, and casting for musculoskeletal injuries;
177		
178		
179	IV.A.1.b).(2).(c)	interpreting results from useful tests and procedures, including:
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181		
182	IV.A.1.b).(2).(c).(i)	Cardiopulmonary exercise test (CPET);
183		
184	IV.A.1.b).(2).(c).(ii)	Exercise tolerance test (ETT);
185		
186	IV.A.1.b).(2).(c).(iii)	gait analysis;
187		
188	IV.A.1.b).(2).(c).(iv)	Nerve conduction velocity/electromyogram (NCV/EMG); and,
189		
190		
191	IV.A.1.b).(2).(c).(v)	neuropsychology evaluation.
192		
193	IV.A.1.b).(2).(d)	performing ultrasound-guided procedures for the

194		treatment of sports-related injuries.
195		
196	IV.A.1.b).(2).(d).(i)	These should include injuries to the ankle, elbow, foot, hand, hip, knee, shoulder, and wrist.
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200	IV.A.1.c)	Medical Knowledge
201		
202	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:
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208	IV.A.1.c).(1).(a)	anatomy, exercise physiology, and biomechanics of exercise;
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211	IV.A.1.c).(1).(b)	areas appropriate for a subspecialist in sports 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 or participate in sports;
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221	IV.A.1.c).(1).(c)	basic nutritional principles (such as dietary analysis) and their application to exercise;
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224	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;
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229	IV.A.1.c).(1).(e)	clinical pharmacology relevant to sports medicine and the effects of therapeutic, performance-enhancing, and mood-altering drugs;
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233	IV.A.1.c).(1).(f)	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;
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239	IV.A.1.c).(1).(g)	environmental effects on exercise;
240		
241	IV.A.1.c).(1).(h)	ethical principles as applied to exercise and sports;
242		
243	IV.A.1.c).(1).(i)	exercise programs for school-age children;
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245	IV.A.1.c).(1).(j)	growth and development related to exercise;
246		
247	IV.A.1.c).(1).(k)	guidelines for appropriate history-taking and physical evaluation prior to participation in exercise and sport;
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251	IV.A.1.c).(1).(l)	medicolegal aspects of exercise and sport;
252		
253	IV.A.1.c).(1).(m)	musculoskeletal radiology;
254		
255	IV.A.1.c).(1).(n)	orthopaedic injuries that occur in sports common within the program's patient population;
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258	IV.A.1.c).(1).(o)	pathology and pathophysiology of illness and injury as they relate to exercise;
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261	IV.A.1.c).(1).(p)	physical conditioning requirements for various exercise-related activities and sports;
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264	IV.A.1.c).(1).(q)	prevention, evaluation, management, and promotion of physical fitness, strength training, flexibility, and healthy lifestyle;
265	IV.A.1.c).(1).(r)	
266		
267		
268	IV.A.1.c).(1).(s)	psychological aspects of exercise, performance, and competition;
269		
270		
271	IV.A.1.c).(1).(t)	promotion of physical fitness, strength training, flexibility, and health lifestyle;
272		
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274	IV.A.1.c).(1).(u)	rehabilitation of injuries and sports-related illnesses;
275		
276	IV.A.1.c).(1).(v)	science of orthobiologics care in sports medicine;
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278	IV.A.1.c).(1).(w)	special considerations related to age, gender, race, population health, health disparity, disability, and other health inequities; and,
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282	IV.A.1.c).(1).(x)	the role of exercise in maintaining the health and function of the elderly.
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285	IV.A.1.d)	Practice-based Learning and Improvement
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287	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.
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293	IV.A.1.e)	Interpersonal and Communication Skills
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- 295 IV.A.1.e).(1) Fellows must demonstrate interpersonal and
296 communication skills that result in the effective exchange
297 of information and collaboration with patients, patients'
298 families, and other health professionals.
299
- 300 IV.A.1.f) Systems-based Practice
301
- 302 IV.A.1.f).(1) Fellows must demonstrate an awareness of and
303 responsiveness to the larger context and system of health
304 care, including the social determinates of health, as well as
305 the ability to call effectively on other resources in the
306 system to produce optimal care.
307
- 308 **IV.B. Regularly Scheduled Educational Activities**
309
- 310 IV.B.1. There must be conferences, seminars, and/or workshops in sports
311 medicine specifically designed to augment fellows' clinical experiences.
312
- 313 **IV.C. Clinical Experiences**
314
- 315 IV.C.1. Clinical activities in sports medicine must represent a minimum of
316 60 percent of fellows' time in the program.
317
- 318 IV.C.1.a) The remainder of the time should be spent in didactic and
319 scholarly activities, and in the practice of fellows' primary
320 specialty.
321
- 322 IV.C.2. Rotations must be of sufficient length to provide a quality
323 educational experience, defined by continuity of patient care,
324 ongoing supervision, longitudinal relationships with faculty
325 members, and high-quality assessment and feedback.
326
- 327 IV.C.3. Fellows must spend at least one half-day and no more than two
328 half-days per week maintaining their skills in their primary specialty
329 area.
330
- 331 IV.C.4. Fellows must participate in conducting pre-participation physical
332 evaluations of athletes.
333
- 334 IV.C.5. Fellows must have experience with procedures relevant to the
335 practice of sports medicine.
336
- 337 IV.C.5.a) Fellows must assist with, observe, and perform outpatient
338 non-operative interventional procedures clinically relevant
339 to the practice of sports medicine.
340
- 341 IV.C.5.b) Fellows must assist with and/or observe operative
342 musculoskeletal procedures clinically relevant to the
343 practice of sports medicine.
344

- 345 IV.C.6. Fellows must have a sports medicine clinic experience.
346
347 IV.C.6.a) Fellows must provide sports medicine clinic patients with
348 continuing, comprehensive care and provide consultation for
349 health problems related to sports and exercise.
350
351 IV.C.6.b) In a 12-month program, each fellow must spend at least one day
352 per week for 10 months in a single sports medicine clinic providing
353 care to patients.
354
355 IV.C.6.c) In a 24-month program, each fellow must spend at least one day
356 per week for 20 months in a single sports medicine clinic providing
357 care to patients.
358
359 IV.C.6.d) If a fellow's sports medicine clinic patients are hospitalized, the
360 fellow must either follow them during their inpatient stay and
361 resume outpatient care following the hospitalization or remain in
362 active communication with the inpatient care team regarding
363 management and treatment decisions and resume outpatient care
364 following the hospitalization.
365
366 IV.C.7. Fellows must have experience providing on-site sports care.
367
368 IV.C.7.a) Fellows must assist with the planning and implementation of all
369 aspects of medical care at various sporting events.
370
371 IV.C.7.b) Fellows must participate in providing comprehensive and
372 continuing care to a single sports team where medical care can be
373 provided across seasons, or to several sports teams across
374 seasons.
375
376 IV.C.7.c) Fellows must have clinical experiences that provide exposure to
377 and facilitate skill development in the appropriate recognition, on-
378 field management, and medical transportation of sports medicine
379 urgencies and emergencies.
380
381 IV.C.7.d) Each fellow must function as a team physician and have
382 experience managing patients in the training room.
383
384 IV.C.8. Fellows must participate in mass-participation events.
385
386 IV.C.8.a) Fellows must assist with the planning and implementation of all
387 aspects of medical care for at least one mass-participation sports
388 event.
389
390 IV.C.8.b) Fellows must have experience providing event planning,
391 coordination with local Emergency Medical Systems, direct care
392 planning, medical consultation, and protection of participants.
393
394 IV.C.9. Fellows must have experience working in a community sports medicine

395		network involving allied health personnel, coaches, parents, physical
396		therapists or athletic trainers, physicians, and residents.
397		
398	IV.C.10.	Clinical experiences should be structured to facilitate learning in a manner
399		that allows fellows to function as part of an effective interprofessional
400		team that works together longitudinally with shared goals of patient safety
401		and quality improvement.
402		
403	IV.D.	Scholarly Activity
404		
405	IV.D.1.	Fellows' Scholarly Activity
406		
407	IV.D.1.a)	Each fellow must complete a scholarly or quality improvement
408		project during each year of the educational program.
409		
410	IV.D.1.b)	Evidence of scholarly activity must include at least one of the
411		following:
412		
413	IV.D.1.b).(1)	peer-reviewed funding and research;
414		
415	IV.D.1.b).(2)	presentation(s) or poster(s) at regional, or national
416		professional and scientific society meetings; or,
417		
418	IV.D.1.b).(3)	publication of original research or review article(s) and
419		book chapter(s).
420		
421	IV.D.2.	Faculty Scholarly Activity
422		
423		See International Foundational Requirements, Section IV.D.2.
424		
425	V.	Evaluation
426		
427		See International Foundational Requirements, Section V.
428		
429	VI.	The Learning and Working Environment
430		
431		See International Foundational Requirements, Section VI.
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