**New Application: Orthopaedic Sports Medicine (Orthopaedic Surgery)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Orthopaedic Sports Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/). For information on independent subspecialty status, email acgme-i@acgme-i.org

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

1. What will be the length, in months, of the educational program?

Choose an item.

Participating Sites

1. Will orthopaedic surgery residents be educated at the same participating sites as orthopaedic sports medicine fellows?

If ‘NO,’ skip to next section. If ‘YES,’ how will the program ensure that a written program letter of agreement specifying the educational relationship between the residency and fellowship programs is developed and used for the education of both residents and fellows? (Limit 250 words)

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**Program Personnel and Resources**

**Program Director**

Has the program director:

1. completed an Accreditation Council for Graduate Medical Education (ACGME)- or ACGME-I-accredited sports medicine fellowship? [ ] YES [ ] NO
2. engaged in periodic updates or training in teaching, supervising, and formal evaluation of fellows? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Faculty**

* 1. How will the program ensure there are at least two core faculty members in addition to the program director who are certified in in orthopaedic sports medicine? (Limit 250 words)

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**Resources**

* + 1. Using site numbers as assigned in ADS, indicate the educational opportunities provided during required rotations. *Note that Site #1 is the primary clinical site.*

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| --- | --- | --- | --- | --- | --- |
| **Educational Opportunity** | Site #1 | Site #2 | Site #3 | Site #4 | Site #5 |
| Adjunctive equipment for arthroscopy  | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO |
| Arthroscopes  | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO |
| Imaging equipment  | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO |
| Operating rooms  | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO |
| Outpatient facilities  | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO |
| Physical therapy or athletic training facility  | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO |
| Primary care sports medicine | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO |

* 1. How will the program ensure a sufficient number and variety of new and follow-up patients are available for each fellow without diluting the educational experience of orthopaedic surgery residents, if present? (Limit 300 words)

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**Fellow Appointment**

**Eligibility Criteria**

* 1. How will the program ensure fellows have completed an ACGME-, or ACGME-I-accredited orthopaedic surgery residency or another orthopaedic surgery residency acceptable to the program director and the Sponsoring Institution’s Graduate Medical Education Committee. (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

* + 1. How will graduating fellows demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

Describe how these skills will be evaluated. (Limit 300 words)

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**Patient Care and Procedural Skills**

* + - 1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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* 1. How will graduating fellows demonstrate competence in evaluating and managing both operative and non-operative patients with sports injuries or conditions and in making sound clinical judgements?

Describe how competence will be evaluated. (Limit 300 words)

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* 1. How will graduating fellows demonstrate competence in the following?
1. Dealing with injuries on the athletic field
2. Differentiating between those sports injuries that require immediate surgical treatment and those that can be treated non-operatively
3. Providing acute care of orthopaedic and other acute sports medicine injuries that occur during an athletic competition

Describe how competence will be assessed in each area listed.(Limit 300 words)

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* 1. How will graduating fellows demonstrate competence in the following?
1. Applying return-to-play criteria
2. Decision making regarding an athlete’s ability to safely participate in practice or competition

Describe how competence will be assessed in each area listed. (Limit 250 words)

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* 1. How will graduating fellows demonstrate competence in managing patients with typical histories and physical findings of chronic orthopaedic sports injuries?

Describe how competence will be evaluated. (Limit 250 words)

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* 1. How will graduating fellows demonstrate competence in ordering and interpreting radiologic examinations used for diagnosis of sports injuries?

Describe how competence will be evaluated. (Limit 250 words)

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* 1. Will the program ensure graduating fellows can competently perform the following procedures considered essential for sports medicine?
1. Arthroscopy (regenerative or repair procedures), allograft, and implantation procedures involving articular cartilage [ ] YES [ ] NO
2. Capsulorrhaphy and arthroscopy for glenojumeral instability [ ] YES [ ] NO
3. Elbow arthroscopy and open procedures [ ] YES [ ] NO
4. Knee multi-ligament reconstruction [ ] YES [ ] NO
5. Knee multi-ligament repair [ ] YES [ ] NO
6. Meniscus repair procedures [ ] YES [ ] NO
7. Open or arthroscopic treatment for acromioclavicular instability [ ] YES [ ] NO
8. Repair and reconstruction procedures for knee instability, including ACL reconstruction
 [ ] YES [ ] NO
9. Repair, reconstruction, and treatment procedures for patellofemoral instability [ ] YES [ ] NO
10. Rotator cuff repair and treatment procedures [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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1. How will graduating fellows demonstrate knowledge of basic sciences and medico-legal issues related to orthopaedic sports medicine?

Describe the evaluation criteria and process. (Limit 250 words)

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1. How will graduating fellows demonstrate knowledge of the following as they pertain to orthopaedic sports medicine?

Indications, risks, and limitations of commonly performed procedures

Psychological effects of injuries on athletes

Sports equipment, including braces, orthotics, and protective devices, to allow the athlete to continue to compete

The role of medical treatment

Use, appropriateness, and efficacy of therapeutic modalities in physical therapy

Provide examples of how will knowledge be evaluated in three of the five areas listed. (Limit 300 words)

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1. How will graduating fellows demonstrate knowledge of applying research methods to critically analyze research reports and design and implement clinical or basic research in orthopaedic sports medicine?

Describe the evaluation criteria and process. (Limit 300 words)

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**Practice-based Learning and Improvement**

* 1. How will graduating fellows 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?

Describe how this will be evaluated. (Limit 300 words)

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**Interpersonal and Communication Skills**

* + 1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

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**Systems-based Practice**

* + - 1. How will graduating fellows 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 health care?

Describe how these skills will be evaluated. (Limit 300 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will didactic sessions include the following?
	1. Active faculty member and fellow participation [ ] YES [ ] NO
	2. One monthly journal club in orthopaedic sports medicine [ ] YES [ ] NO
	3. One monthly morbidity and mortality conference [ ] YES [ ] NO
	4. One weekly teaching conference [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will the didactic curriculum include the following topics as related to orthopaedic sports medicine?
2. Anatomy [ ] YES [ ] NO
3. Athletic populations [ ] YES [ ] NO
4. Biology of healing [ ] YES [ ] NO
5. Biomechanics [ ] YES [ ] NO
6. Cardiology [ ] YES [ ] NO
7. Dermatology [ ] YES [ ] NO
8. Environmental exposure [ ] YES [ ] NO
9. Exercise physiology [ ] YES [ ] NO
10. Mechanisms of sports injuries [ ] YES [ ] NO
11. Multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities [ ] YES [ ] NO
12. Pediatric and adolescent medicine [ ] YES [ ] NO
13. Preventive medicine [ ] YES [ ] NO
14. Protective equipment [ ] YES [ ] NO
15. Pulmonology [ ] YES [ ] NO
16. Team physicians [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will the didactic curriculum include the evaluation of practices that ensure and improve patient safety, as well as instruction in established patient safety measures? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Clinical Experiences**

* 1. Complete Appendix B., Patient Population Data and attach to submission.
	2. How will clinical experiences emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills, surgical judgement, and research. (Limit 400 words)

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* 1. Will clinical experiences include the following?
1. Collaboration with athletic training [ ] YES [ ] NO
2. Collaboration with physical therapy [ ] YES [ ] NO
3. Continuing responsibility for patients with acute athletic injuries [ ] YES [ ] NO
4. Continuing responsibility for patients with chronic athletic injuries [ ] YES [ ] NO
5. Management of patients with a wide variety of sports medicine problems [ ] YES [ ] NO
6. Observation of the natural course of athletic injuries and the effects of various therapeutic modalities on their outcome [ ] YES [ ] NO
7. Providing consultation on the management of injuries in athletes [ ] YES [ ] NO
8. Providing on-site athletic event coverage [ ] YES [ ] NO
9. Working with athletic teams and/or athletic organizations [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure fellows continue to provide care for their own post-operative patients until discharge or until a patient’s post-operative conditions are stable and the episode of care is concluded? (Limit 300 words)

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1. Will clinical experiences include appropriate use of laboratory tests, diagnostic imaging, physical modalities, non-operative treatment, and operative procedures for the diagnosis and management of athletic injuries? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will fellows’ clinical experiences include teaching fellows, allied health personnel, residents, and medical students, if present? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. How will the program ensure fellows maintain a close working relationship with orthopaedic surgery residents, and other fellows in orthopaedic surgery and other disciplines when present? (Limit 300 words)

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**Scholarly Activity**

* 1. Will the program offer fellows the opportunity to participate in basic and/or clinical hypothesis-based research? [ ] YES [ ] NO

If ‘YES,’ briefly describe the opportunity and the expectations about fellows’ participation. Include which research skills are taught in the curriculum. (Limit 400 words)

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Explain if ‘NO.’ (Limit 250 words)

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* 1. How much scheduled and protected time will be available to fellows to allow them to engage in scholarly activity? Indicate the number of days per month, averaged over the program.

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**Evaluation**

**Fellow Evaluation**

* + - 1. How will the program ensure that fellows are evaluated for expected entry-level skills within six weeks of entry into the program? (Limit 250 words)

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**The Learning and Working Environment**

**On-Call Activities**

* + - * 1. How will the program ensure night float does not exceed three months per year? (Limit 250 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to orthopaedic sports medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and of orthopaedic sports medicine, including  approaches to clinical work with minority populations.d) Weekly, for 8 sessions.02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective Y-4c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

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**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which residents will rotate.

Participating sites are indicated by a number that must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 below is for the following one-year period:

From: date\_\_\_\_\_\_\_\_\_\_\_\_ to: date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Procedure | Site #1 | Site #2 | Site #3 | Site #4 |
| **Glenohumeral Instability** |  |  |  |  |
| Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation |  |  |  |  |
| Capsulorrhaphy, anterior; with labral repair (e.g., Bankart procedure) |  |  |  |  |
| Capsulorrhaphy, anterior, any type; with bone block |  |  |  |  |
| Capsulorrhaphy, anterior, any type; with coracoid process transfer |  |  |  |  |
| Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block |  |  |  |  |
| Capsulorrhaphy, glenohumeral joint, any type multi-directional instability |  |  |  |  |
| Arthroscopy, shoulder, surgical; capsulorrhaphy |  |  |  |  |
| Arthroscopy, shoulder, surgical; repair of SLAP lesion |  |  |  |  |
| **Rotator Cuff** |  |  |  |  |
| Claviculectomy; partial |  |  |  |  |
| Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release |  |  |  |  |
| Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; acute |  |  |  |  |
| Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; chronic |  |  |  |  |
| Coracoacromial ligament release, with or without acromioplasty |  |  |  |  |
| Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) |  |  |  |  |
| Tenodesis of long tendon of biceps |  |  |  |  |
| Resection or transplantation of long tendon of biceps |  |  |  |  |
| Treatment for arthroscopic surgical biceps tenodesis |  |  |  |  |
| Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release |  |  |  |  |
| Arthroscopy, shoulder, surgical; with rotator cuff repair |  |  |  |  |
| **Acomioclavicular Instability** |  |  |  |  |
| Open treatment of acromioclavicular dislocation, acute or chronic; |  |  |  |  |
| Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) |  |  |  |  |
| **Elbow Arthroscopy** |  |  |  |  |
| Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure) |  |  |  |  |
| Arthroscopy, elbow, surgical; with removal of loose body or foreign body |  |  |  |  |
| Arthroscopy, elbow, surgical; synovectomy, partial |  |  |  |  |
| Arthroscopy, elbow, surgical; synovectomy, complete |  |  |  |  |
| Arthroscopy, elbow, surgical; debridement, limited |  |  |  |  |
| Arthroscopy, elbow, surgical; debridement, extensive |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Procedure | Site #1 | Site #2 | Site #3 | Site #4 |
| **Elbow Instability** |  |  |  |  |
| Repair medial collateral ligament, elbow, with local tissue |  |  |  |  |
| Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft) |  |  |  |  |
| **Hip Arthroscopy** |  |  |  |  |
| Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) |  |  |  |  |
| Arthroscopy, hip, surgical; with removal of loose body or foreign body |  |  |  |  |
| Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum |  |  |  |  |
| Arthroscopy, hip, surgical; with synovectomy |  |  |  |  |
| **Knee Instability** |  |  |  |  |
| Repair, primary, torn ligament and/or capsule, knee; collateral |  |  |  |  |
| Repair, primary, torn ligament and/or capsule, knee; cruciate |  |  |  |  |
| Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments |  |  |  |  |
| Ligamentous reconstruction (augmentation), knee; extra-articular |  |  |  |  |
| Ligamentous reconstruction (augmentation), knee; intra-articular (open) |  |  |  |  |
| Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular |  |  |  |  |
| Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction |  |  |  |  |
| Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction |  |  |  |  |
| **Knee Multi-Ligament Repair and Reconstruction** |  |  |  |  |
| Open treatment of knee dislocation, with or without internal or external fixation; without primary ligamentous repair or augmentation/reconstruction |  |  |  |  |
| Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair |  |  |  |  |
| Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair, with augmentation/reconstruction |  |  |  |  |
| **Knee Osteotomy** |  |  |  |  |
| Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus |  |  |  |  |
| **Patellofemoral Instability** |  |  |  |  |
| Reconstruction of dislocating patella (e.g., Hauser type procedure) |  |  |  |  |
| Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (e.g., Campbell, Goldwaite type procedure) |  |  |  |  |
| Reconstruction of dislocating patella; with patellectomy |  |  |  |  |
| Lateral retinacular release, open |  |  |  |  |
| Arthroscopy, knee, surgical; with lateral release |  |  |  |  |
| Open treatment of patellar dislocation, with or without partial or total patellectomymentation/reconstruction |  |  |  |  |
| **Knee Articular Cartilage** |  |  |  |  |
| Autologous chondrocyte implantation, knee |  |  |  |  |
| Osteochondral allograft, knee, open |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Procedure | Site #1 | Site #2 | Site #3 | Site #4 |
| Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) |  |  |  |  |
| Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) |  |  |  |  |
| Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion |  |  |  |  |
| Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation |  |  |  |  |
| Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) |  |  |  |  |
| Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of the autograft(s) |  |  |  |  |
| Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty) |  |  |  |  |
| **Meniscus** |  |  |  |  |
| Arthrotomy with meniscus repair, knee |  |  |  |  |
| Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), |  |  |  |  |
| Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) |  |  |  |  |
| Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) |  |  |  |  |
| **Foot and Ankle** |  |  |  |  |
| Repair, primary, open or percutaneous, ruptured Achilles tendon |  |  |  |  |
| Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft) |  |  |  |  |
| Repair, secondary, Achilles tendon, with or without graft |  |  |  |  |
| Repair, dislocating peroneal tendons; without fibular osteotomy |  |  |  |  |
| Repair, dislocating peroneal tendons; with fibular osteotomy |  |  |  |  |
| Repair, primary, disrupted ligament, ankle; collateral |  |  |  |  |
| Repair, primary, disrupted ligament, ankle; both collateral ligaments |  |  |  |  |
| Repair, secondary, disrupted ligament, ankle, collateral (e.g., Watson-Jones procedure) |  |  |  |  |
| Fasciectomy, plantar fascia; partial (separate procedure) |  |  |  |  |
| Open treatment of metatarsal fracture, with or without internal or external fixation, each |  |  |  |  |
| Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling |  |  |  |  |
| Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture |  |  |  |  |
| Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign |  |  |  |  |

Currently, there are no minimum case requirements for graduates of ACGME-I-accredited orthopaedic sports medicine fellowships. Fellows are required to log their cases in ADS to provide evidence of breadth and depth of procedural experience in the subspecialty.