

SPORTS MEDICINE ROTATION OBJECTIVES

Pediatric Sports Medicine

Learning to care for young athletes and Pediatric Sports Medicine patients will be a critical skill throughout residency and the primary care career. The Pediatric Sports Medicine rotation combines general musculoskeletal sports medicine with concussion care, fracture care, and care of athlete's with chronic illness. You will gain the knowledge and skills necessary to diagnose and treat the majority of sports problems seen in your clinic, with special experience dedicated to the athlete, wellness, nutrition, and maximization of function.

SPECIFIC GOALS for SPORTS MEDICINE ROTATION

Patient care: To effectively care for a variety of Sports Medicine patients by making accurate assessments, making patient centered treatment plans, and by making adjustments based on patient input and outcomes.

Medical Knowledge: See below.

Practice based learning: The resident will be involved in Sports Medicine chart reviews and reviews of diagnostic testing in the outpatient setting. The resident will do learning at the point of care, as directed by the preceptor.

Communication: The resident will learn and demonstrate effective communication strategies in both well patients and those with communication difficulties (chronic disease, developmental delay, hearing loss, etc). The resident will learn effective ways to involve family members. The resident will also communicate effectively with the preceptor, clearly stating pertinent history and physical exam findings and stating a clear treatment plan. The resident will also effectively communicate with office staff.

Systems based practice: The resident will learn how care is effectively delivered in a team approach in a variety of different care settings. The resident will learn rules and regulations regarding training room care of athletes and the roles of athletic trainers, physical therapists and other allied professionals in the care of patients and athletes.

Professionalism: The residents will deliver responsible, ethical care, advocating for patients.

MEDICAL KNOWLEDGE

Knee

1. Primary ACL
 - a. Diagnosis, treatment options
 - b. Graft options
 - c. Results
2. Revision ACL : Causes/Treatment
3. Patella Instability
4. Patellofemoral Pain / Arthritis
5. Extensor Mechanism Injury
6. OCD lesions and Articular Cartilage Injury and Treatment

7. Meniscal Tears – Repair/Debridement
8. Meniscal Transplantation
9. PCL / Multiligament Knee Injury
10. MCL Injuries
11. DJD in the Young Athlete

Shoulder

1. Anterior Shoulder Instability
2. Posterior Shoulder Instability / MDI
3. Labral tears/SLAP Tears
4. Glenohumeral DJD in the young Patient
5. Impingement / RC Disease
6. RC Tears
7. The Biceps Tendon
8. Internal Impingement / Throwing Shoulder /epiphysitis
9. Acromioclavicular Injuries
10. Thoracic Outlet Syndrome

Elbow

1. Lateral Epicondylitis
2. Medial epicondyle apophysitis
3. UCL Ligament Injuries
4. OCD lesions

Hip

1. Athletic Hip Injuries
2. Femoroacetabular Impingement
3. Labral tears
4. Snapping hip syndromes
5. Pelvic apophysitis and avulsion injuries

Pediatric Overuse injuries

Foot and Ankle

1. Ligament Injuries of the Foot and Ankle
2. Stress Fractures of the Foot and Ankle

General Sports Medicine

1. Concussion Management
2. Head/CSpine Injuries
3. Abdominal Injuries – Splenic/Kidney Lacerations
4. Infections in the Athlete
5. Medical Issues
 - a. Cardiac Issues
 - b. Exercise Induced Asthma
6. Sudden Cardiac Death in the Athlete
7. Musculoskeletal Allografts
8. Exertional Compartment Syndrome
9. Sports Pharmacology
 - a. Ergogenic Drugs & Recreational Drug Use
10. Sports Psychology
11. The Female Athlete

12. Environmental Stresses
 - a. Heat Illness
 - b. Cold
 - c. Altitude
13. MRI / Surgical Correlation

The resident should be exposed to the following procedures during the Sports Medicine experience:

- Exercise treadmill performance and interpretation
- Fitness testing
- Joint aspiration/injection
- Splinting/casting
- Physical therapy, rehabilitation, joint taping, and home exercise programs
- Interpretation of diagnostic imaging

The General Knowledge component contains the following objectives:

1. Define the areas of sports medicine, which are included in primary care.
2. Understand the primary care provider's role as a member of a sports medicine team.
3. Know basic anatomical, physiological, biomechanical, pharmacological, psychological and nutritional aspects of exercise, performance and competition.
4. Describe the medical aspects of sports and exercise.

The Sports Medicine History and Exam contains the following objectives:

1. State important history questions used to evaluate patients presenting with problems involving the shoulder, neck, elbow, wrist, hand, back, knee, foot and ankle. Differentiate acute vs chronic conditions and identify mechanism of injury or aggravating factors.
2. Locate important anatomic landmarks in each of these areas and understand their clinical significance.
3. Perform essential exam maneuvers needed to effectively diagnose problems involving the shoulder, neck, elbow, wrist, hand, back, knee, foot and ankle.

The Exercise component of the curriculum includes the following objectives:

1. Understand the importance of exercise in health promotion.
2. Understand the principles of exercise prescription.
3. Understand the impact of chronic disease on exercise and the effect of exercise on chronic disease.
4. Describe special considerations inherent in prescribing exercise for children, teenagers, and athletes with chronic illness

The majority of all sport injuries are seen initially by primary care physicians. The resident must be trained to deal with injuries on a continuum from prevention to acute management to rehabilitation. The Exercise and Sport Injuries area, include the following components:

1. Manage common exercise and sport related injuries, acutely and chronically.
2. Describe methods for on- and off-the-field injury prevention.
3. Describe common sports related injuries.

4. Demonstrate proficiency in directing effective rehabilitation.
5. Demonstrate proficiency in taping, splinting, immobilizing or injection and aspiration of major joints.
6. Know which fractures, dislocations, and sprains require orthopedic referral

Primary care physicians often serve a team physicians in the communities where they practice. The competencies gained in the Team Physician component, include the following:

1. Define the role of a primary care physician as a team physician.
2. Define the duties and responsibilities of a team physician.
3. Know the indications and components of a preparticipation evaluation.
4. Demonstrate proficiency in performing a sport-specific preparticipation evaluation.
5. Perform on-the-field supervision of athletic events and training room coverage.
6. Follow up injuries sustained during athletic events and direct rehabilitation.

The overall goal of this curriculum is to teach the resident to evaluate and manage sports own patients. Therefore, patient care activities must in the cornerstone of training.

EVALUATION

1. Resident will complete an evaluation of rotation experience
Rotation supervisor(s) will complete a competency-based evaluation of resident performance
2. Direct observation and chart evaluation on rotation and in Sports Medicine Clinic
3. Informal and ongoing feedback throughout rotation and residency