

Orthopedics and Sports Medicine

Goal: The orthopedic experience includes caring for a broad variety of acute and emergency musculoskeletal injuries and illnesses, as well as for chronic disorders. Residents have the opportunity to develop casting and splinting skills. Experience in initial evaluation and rehabilitation of adult and pediatric musculoskeletal disorders includes appropriateness of consultation.

The sports medicine experience includes preparticipation assessment, injury prevention, evaluation, management and rehabilitation related to athletic and recreational injuries.

Both experiences are a combination of didactic and clinical experiences that occur mainly in the outpatient setting.

Rotational Experience:

Required Rotations:

PGY-1: During the first year of training, the resident is required to do a one month rotation in orthopedics and sports medicine. This rotation incorporates outpatient clinical experience with family medicine physicians with additional certification in sports medicine, orthopedic surgeons, podiatrists and physical therapists.

PGY-2: During the second year of training, the resident is required to do another one month rotation in orthopedics and sports medicine. This is mainly an outpatient experience with orthopedic surgeons and family medicine physicians with additional certification in sports medicine.

Elective Rotations:

A one month sports medicine elective is available to all residents during the second or third year of training. A two week podiatry elective is also available. Residents in the second or third year of training are eligible to take a 2 week elective consisting of 1 week of didactic sessions and 1 week serving as medical support for the USA Soccer Cup soccer tournament each year.

Longitudinal Experience:

Continuity Clinic: For the duration of their training, residents are assigned as the primary care provider for a panel of patients. This panel grows in number as the resident progresses through training. As a primary care provider, the resident is expected to provide continuous, comprehensive care to these patients. Residents are expected to complete preparticipation evaluations, counsel patients regarding injury prevention and evaluate, manage and rehabilitate chronic and acute musculoskeletal injuries. The scope of practice includes injection therapy.

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Team Physician Experience: Residents in their second and third year of training are given the opportunity to assist a team physician from the high school to professional level.

Didactic Sessions:

DFPCH Special Courses: Residents are required to attend the Department-sponsored Sports Medicine/Occupational Medicine (8 hours) course the first year of training. Twin Cities Marathon Sports Medicine Conference (12 hours) each October is an optional course to be completed within the second or third year of training. Third year residents have the opportunity to attend the USA Cup, a world high school soccer tournament where they receive 20 hours of didactics and 1 week of hands on experience.

FPC Lecture Series: Eight hours of structured lecture are scheduled throughout the year as part of the FPC Lecture Series. Included is a yearly casting/splinting workshop.

Minnesota Sports Medicine: Up to forty hours of structured lecture are scheduled and open to resident attendance. These are sponsored by Minnesota Sports Medicine and are facilitated by orthopedic surgeons, family medicine physicians and physical therapists.

Required Skills:

Upon graduation the resident physician will be expected to be competent in the following skills:

Understand anatomy of the musculoskeletal system with emphasis on the upper and lower extremities and joints	
Thorough musculoskeletal examination to include joints and spine	Preparticipation exam of the young athlete
Interpretation of commonly obtain xrays	Appropriately order and interpret imaging studies
Local anesthetic block for digits and extremities	Describe why images are obtained and their diagnostic bias
Aspiration and injection techniques of hands, shoulders and knees.	Bursal injections
Reduction of simple fractures	Peritendonous injections
Reduction of joints (shoulder, elbow, digit)	Gait analysis
Immobilization and splinting	Trigger point injection
Casting of simple fractures	Understand the impact of acute and chronic orthopedic disease on the patient and his/her family
Understand the role of physical therapy	Understand the role of orthopedic surgeons as consultants
Appropriately use of physical therapy modalities	

Accurately diagnose, properly manage and appropriately refer common orthopedic conditions and emergencies such as:

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Sprains, strains, fractures and lacerations of the upper and lower extremities	Acute and chronic myofascial syndromes
Acute and chronic back and extremity pain	Scoliosis
Bursitis, tenosynovitis, degenerative arthritis and osteoporosis	Normal and abnormal pediatric gait
Stress fractures	Peripheral entrapment neuropathies
	Infections of the extremities
	Compartment syndrome

Evaluation

Evaluation of the resident includes many tools used to assess the resident's competence in the six ACGME Essential Competencies as well as the progression of the resident's skills from first through third year. The resident meets quarterly with the advisor to review performance, identify problems and plan for the future.

In-Training Exam – Given yearly, this exam assesses medical knowledge and the resident is expected to show improvement as he/she progresses through his/her years of training.

Rotation Evaluations – These evaluations are reviewed each quarter with the advisor and consist of written reports on performance and feedback from the rotation faculty. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Faculty/Staff Evaluations – These evaluations are reviewed each quarter and include evaluations of performance in clinic, interactions with the nursing and support staff, attendance at required activities and performance in CQI projects. These evaluations also review patient compliments/complaints and compliance with dictation and coding policies. Attention is given to resident well-being and assistance is offered if needed. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

Self-Assessment – Residents are offered the opportunity to assess themselves through the use of a questionnaire. The questionnaire covers a broad range of medical topics and is useful in identifying areas in which the resident feels more focus is needed. Essential Competencies assessed: medical knowledge, patient care and professionalism.

Periodic Skill Evaluation – Skill proficiency is measured in many ways from periodic skill workshops to longitudinal evaluation by faculty. Evaluation includes review of complications and monthly M&M conferences. Essential Competencies assessed: medical knowledge, patient care, professionalism and practice-based learning and improvement.

Total Training Time

Total required rotations: 2 months

Total hours per year: PGY-1 at least 16

PGY-2 at least 12 up to 24

PGY-3 at least 8 up to 40