

**SPORTS MEDICINE ROTATION EVALUATION**

PLEASE COMPLETE THE ROTATION EVALUATION FORM FOR YOUR SPORTS MEDICINE ROTATION. THE OBJECTIVES OF THIS ROTATION ARE: The resident will become familiar with the common sports injuries, both acute and chronic. Learn the diagnosis and management of these injuries with emphasis on the use of arthroscopy. An appreciation of conditioning as a means for preventing injury and understand the physical demands of sports and the implication of these demands on injury patterns. The special problem of the upper extremity in overhead sports will be addressed. Learn the intense rehabilitation that is needed to return an athlete to competitive sport. The reaction between the patient, the coach, and the patient's family will be observed during on-field evaluations at high school and/or college games.

References: Delee and Drez's Orthopaedic Sports Medicine, OKU: Sports Medicine, Fu's Knee Surgery, Insall's Knee, Rockwod's The Shoulder, McGinty's Arthroscopy.

WITH THESE OBJECTIVES IN MIND, COMPLETE THE EVALUATION BELOW. DATE: \_\_\_\_\_

1. LOCATION OF ROTATION: SB UNIV. HOSP. \_\_\_\_\_ NUMC \_\_\_\_\_ START DATE: \_\_\_\_\_  
 VAMC \_\_\_\_\_ WINTHROP \_\_\_\_\_

2. ARE YOU PROFICIENT AT TAKING HISTORY IN THE PATIENT WITH A SPORTS RELATED ORTHOPAEDIC INJURY? YES \_\_\_ NO \_\_\_  
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

3. ARE YOU ABLE TO EXAMINE ALL EXTREMITY JOINTS WITH ACUTE AND CHRONIC SPORTS INJURIES? YES \_\_\_ NO \_\_\_  
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

4. HAVE YOU REVIEWED THE COMMON PROBLEMS SEEN IN SPORTS MEDICINE PATIENTS (INCLUDING OVERHEAD THROWING INJURIES)? YES \_\_\_ NO \_\_\_  
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

5. ARE YOU COMFORTABLE WITH COMMUNICATING WITH ATHLETES, PARENTS, AND COACHES AND DOING ON FIELD EVALUATIONS? YES \_\_\_ NO \_\_\_

6. ARE YOU COMFORTABLE WITH THE PRE-OPERATIVE EVALUATION OF THE SPORTS MEDICINE PATIENT? YES \_\_\_ NO \_\_\_  
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

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MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

7. HAVE YOU HAD ADEQUATE EXPOSURE TO THE SURGICAL TECHNIQUES USED IN SPORTS MEDICINE? (INCLUDING ARTHROSCOPIC SKILLS) YES \_\_\_ NO \_\_\_  
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

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MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

8. CAN YOU MANAGE THE SPORTS PATIENT POST-OPERATIVELY? YES \_\_\_ NO \_\_\_  
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

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MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

9. DO YOU UNDERSTAND THE PAIN SCALE AND THE NEWER APPROACHES TO PAIN MANAGEMENT? YES \_\_\_ NO \_\_\_

10. DO YOU KNOW HOW TO PRESCRIBE THE REHABILITATION PROGRAM NEEDED TO RETURN A PATIENT TO COMPETITIVE SPORTS? YES \_\_\_ NO \_\_\_

11. WHAT ARTHROSCOPIC AND POST-OPERATIVE COMPLICATIONS HAVE YOU SEEN?

- 1.
- 2.
- 3.

11A. HAVE YOU LEARNED TO MANAGE THESE COMPLICATIONS? YES \_\_\_ NO \_\_\_

12. HAVE YOU USED THE RECOMMENDED REFERENCES? YES \_\_\_ NO \_\_\_

12A. WERE THEY HELPFUL? YES \_\_\_ NO \_\_\_

12B. DO YOU RECOMMEND ANY DIFFERENT REFERENCES? YES \_\_\_ NO \_\_\_

IF YES, TITLE: \_\_\_\_\_

13. DID YOU GET TO CLINIC/OFFICE HOURS WHILE ON THE ROTATION? YES \_\_\_ NO \_\_\_

14. DID YOU GET TO CONFERENCES WHILE ON THE SERVICE? YES \_\_\_ NO \_\_\_

15. DID YOU ASSIST WITH THE ELECTIVE CASES WHILE ON THE SERVICE? YES \_\_\_ NO \_\_\_

16. COMMENTS:

### FACULTY ASSESSMENT

1. RATE THE TEACHING FACULTY'S OVERALL PERFORMANCE WHILE ON THE SPORTS MEDICINE ROTATION.

PLACE CHECK IN THE BOX WITH THE APPROPRIATE NUMBER.

01	02	03	04	05	06	07	08	09	10	11	12
MARGINAL		POOR		AVERAGE		GOOD		EXCELLENT		SUPERIOR	

2. RATE THE FACULTY'S ABILITY AND MOTIVATION TO TEACH THE PRINCIPLES OF ORTHOPAEDIC SURGERY.

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01	02	03	04	05	06	07	08	09	10	11	12
MARGINAL		POOR		AVERAGE		GOOD		EXCELLENT		SUPERIOR	

3. RATE THE WILLINGNESS AND AVAILABILITY OF THE FACULTY TO DISCUSS ISSUES OF CLINICAL CARE.

PLACE CHECK IN THE BOX WITH THE APPROPRIATE NUMBER.

01	02	03	04	05	06	07	08	09	10	11	12
MARGINAL		POOR		AVERAGE		GOOD		EXCELLENT		SUPERIOR	

4. DID THIS ATTENDING INCREASE THE RESIDENT'S LEVEL OF CLINICAL RESPONSIBILITY AS THE ROTATION PROGRESSED? YES \_\_\_ NO \_\_\_

5. DID THE FACULTY PARTICIPATE IN ACADEMIC FUNCTIONS AND/OR RESEARCH WORK OF THE RESIDENTS? YES \_\_\_ NO \_\_\_

6. STATE YOUR PGY LEVEL: \_\_\_\_\_