The Ohio State University
Department of Orthopaedics

Residency Curriculum

Shoulder
About This Curriculum

• It is the responsibility of both the resident and the attending to go over the goals and guidelines included in this handbook
  - At the beginning of the rotation
  - At the conclusion of the rotation

• Additional materials and/or service handbooks may be provided by the attendings at the beginning of the rotation
The Ohio State University  
Department of Orthopaedics  
Orthopaedic Residency Program  

**Shoulder Service Guidelines - OSU**

Julie Bishop, MD  
Chief, Division of Shoulder Surgery  
Pager: 364-2112  
Email: Julie.bishop@osumc.edu  
Office address: Martha Morehouse, 3rd floor, Sports Medicine: OSU SMC  
2050 Kenny Rd,  
Columbus, OH 43221

Grant Jones, MD  
Pager: 614-303-8867  
Email: grant.jones@osumc.edu  
Office: Martha Morehouse, 3rd floor, Sports Medicine

Courtney Dalrymple, Administrative Assistant to Dr Bishop  
Phone: 614-293-0694  
Fax: 614-293-2910  
Email: Courtney.dalrymple@osumc.edu

Michelle Rogers, Administrative Assistant to Dr Jones  
Phone: 614-293-8293- office  
Fax: 614-293-2910  
Email: michelle.rogers@osumc.edu

David Agbunag, PA-C (Clinical – Dr Bishop)  
Cell: 614-578-8024  
Pager: 614-346-8015  
David Agbunag, PA-C

Melissa Bowlby, PA-C (Clinical – Dr Jones)  
Cell: 419-340-2137  
Pager: 614-346-2650

**Schedules**

During the 2 month rotation, the PGY 3 shoulder resident will rotate with both Dr Jones and Dr Bishop, and then in February 2011, Dr Brian Butler will join the shoulder division and the residents will rotate with him as well. You will be assigned your weekly and monthly schedules at the beginning of each rotation. You will contact Dr Bishop the week prior to the start of your rotation and find time to meet to discuss the logistics and review the expectations/objectives.

**Dr Bishop**  
Monday: Clinic at Martha Morehouse, 7:30 am – 5pm
Tuesday: OR at OSU east, 7am
Wednesday: 1st, 2nd, 5th: Clinic at Stoneridge: 8am
  3rd Wed: Clinic at Morehouse: 8am – 3pm
  4th Wed: Prison cases at OSU Main
Thursday: OR at OSU east, 8am
Friday: 1-3rd Friday: academic time versus add on cases
  4th Friday – Prison cases after conference

Dr Jones
Monday: OR, OSU east, 7am
Tuesday: clinic, Morehouse
  2nd Tuesday – prison cases at Main
Wednesday: clinic, Morehouse
  3rd Wednesday – prison cases at Main
Thursday: OR, OSU east, 8am
Friday: academic time, except 3rd Friday: clinic at Morehouse
Delineation of Resident Responsibilities:  
Shoulder Service

I. Resident Responsibilities for Patient Care

- **Rounding:** During the course of your rotation, patients will be admitted before and or after surgery. The expectation is for the resident to know about and round on all inpatient surgical patients, first thing in the morning, even if you were not involved in the case. You will call or text the attending surgeon after you round to discuss the patients. Rounding is particularly important on the weekends. As of now, there is a rotating senior resident rounding on the weekends at OSU East. If you are not rounding for the weekend, please sign out all Shoulder Service patients to the resident rounding. Please have the resident call the attending after rounds to discuss issues and management. IF you go out of town, please arrange coverage for the rounding of inpatients. DO NOT make the attending find someone to round on their patients – take care of this prior to leaving.

- **Orders:** Orders will be done via the current order entry system. There are order sets for UE post-op orders - you will check this order set. Consult MMT on all patients that were admitted. MMT manages the inpatient pain medications and does prefer to write the inpatient pain med orders. Order X-rays in the PACU on all patients that underwent any type of fixation or implant. Order in-patient PT (but not OT) on all patients. The orders will vary based on the type of surgery performed – you are expected to discuss this with the attending prior to putting in the orders.

- **Dictations:** Most of the shoulder attendings will dictate their own operative notes. However, there will be times when you are responsible for the dictation. Before the patient leaves the OR, the decision should be made as to who will be responsible for the dictation. You will be expected to dictate at least one operative report and review this with the attending prior to the conclusion of the service.

- **Post-Op Radiographs:** As above – all patients that undergo any type of hardware fixation or implant will get radiographs in the PACU. If it is the last case of the day – DO NOT LEAVE – until you see the x-rays were completed and you view them.

- **Dressings/drains:** If the patients are still in the hospital – all dressings are changed on POD 2 – you do the dressing change and look at the wound – NOT the nurse. If there is a drain – check with that individual attending for when to pull the drain.

- **Discharge:** Many of the shoulder surgeries will be outpatient surgeries. You will be responsible to coordinate with the PA’s filling out the discharge paperwork, instruction sheets, rehab orders and pain medication scripts. Pain medication is unique to each attending and should be discussed with the attending staff for preferences. Discharge paperwork is unique to each attending and you should discuss with the respective attending how they approach this. If there are any inpatients for the service – you will be responsible for the discharge summaries for all inpatients, whether or not you participated in their surgery. Please do this on the day of discharge. You are responsible for knowing the plan of care when the patient leaves the hospital, in particular whether they are going to rehab or home.
• **Communication:** Many questions will certainly arise and should be addressed on an as needed basis. Constant communication between all members of the health care team is the best way to get an optimal educational experience and provide the best care possible for each patient.

• **Clinic Notes:** Resident should be able to create appropriate notes in EPIC for each patient encounter. They should discuss with each attending how to include the pertinent smart sets/phrases to help.

II. **Resident Level of Responsibility for Patient Care**

• Please understand that patients are real people whom have developed a relationship with the attending physician. Please give the patient and your attending respect by your professionalism, preparation, and diligent hard work. You will in turn learn more and provide confidence in your attending physicians.

• Resident rotations are structured so that the residents have a one-on-one relationship with the attending. The level of responsibility given by the attending to the resident is determined by that attending, depending on the attendings’ assessment of the resident’s knowledge and skills, and the complexity of the procedure.

• Residents will be expected to be prepared for clinic and OR

• Thorough knowledge of the surgery, surgical approach, and the reasoning, biomechanics, placement, and technique of the surgical reconstructions/repair and implants used is expected.

• Questions related to any case should be discussed with the attending prior to the case (preferably the day before)

• Residents should see and exam the patient prior to surgery and are EXPECTED to have reviewed all the patient office notes and radiographic studies. All notes are now in EPIC and most studies are in RadWeb. If you do not see the studies in RadWeb – often patients come with outside studies. You should recognize this and ask to see and review these studies ahead of time.

• Lack of preparation will prevent participation

III. **Resident Supervision**

Attendings are responsible for the direct supervision of residents in both the clinic and the operating room, as well as in on-call situations. Attending physicians are available for consultation at all times.

Senior residents (PGY4 and above) are also directly responsible for the supervision of junior residents (PGY1, PGY2, and PGY3). This applies to all of the above situations (i.e. on-call, in clinic, in the OR). Senior residents must be available for consultation at all times. Ultimately, chief residents (all PGY5’s) are responsible for the supervision of all residents, regardless of PGY year.
IV. **Performance Feedback**

Both attending staff members are available at any time if questions or concerns arise. At the end of each rotation, each attending on the service will evaluate each resident assigned to the service. A meeting should be scheduled at the conclusion of the rotation to discuss performance and provide written feedback on the rotation.

- Resident should arrange a mid-rotation meeting with Dr Bishop to assure that all goals and objectives are being met and also to assure there is ample time to correct any deficiency that may exist.
Goals and Objectives
Shoulder Rotation – PGY3

I. Core Competency Areas

By the end of the PGY3 rotation on the shoulder service, the resident should demonstrate progress towards obtaining excellence in each of the following core competency areas.

Patient Care

1. Demonstration of caring and respectful behaviors when interacting with patients and families
2. Procurement of thorough, logical, and concise patient histories with an emphasis on the musculoskeletal system
3. Responsiveness to the individual needs of patients and their families
4. Performance of physical examinations that are accurate, comprehensive, and directed to patient’s problems. This applies to the clinic, emergency department, and in-patient settings.
5. Integration of medical facts and clinical data as the basis for diagnosis
6. Evaluation of risks, benefits, and alternative treatments
7. Formulation and carry out of a complete and effective treatment plan (operative and non-operative)
8. Counsel of patient and family in treatment procedure, options, and potential outcomes
9. Dissemination of education and services to the patient which are aimed at preventing treatment complications and maintaining health
10. Understanding of and performance of medical procedures related to treatment plan
11. Ability to work well with entire team of health care professionals and be involved in care of the patient

Medical Knowledge

1. Exhibition of a fund of medical knowledge that is up-to-date and ability to cite literature appropriately
2. Investigation of topics as needed for clinical assignments
3. Understanding and use of basic science principles as related to medical practice

Practice-Based Learning

1. Assessment of ones own patient management skills and ability to make appropriate changes in practice
2. Integration of evidence from scientific studies in the care of patient’s problems
3. Demonstration of knowledge of study designs and statistical methods in order to evaluate scientific studies
4. Usage of available information technology to obtain and manage information
5. Willingness to take time to educate students and other health care professionals

Interpersonal Skills

1. Fostering of a compassionate, therapeutic relationship with patients and their families
2. Ability to listen to patients and include them in treatment decisions
3. Ability to listen to information provided by other members of the health care team
Professionalism

1. Respectfulness of patient wishes and ability to provide adequate counseling, education, and informed consent instructions to patients
2. Demonstration of an ethically sound practice of medicine
3. Demonstration of sensitivity to cultural, age, gender, and disability issues among patients

Systems-Based Practice

1. Knowledge of how to provide cost-effective care
2. Willingness to advocate for patients within the health care system
3. Referral of patient to appropriate practitioners and agencies within the health care system
4. Accessing of consultants appropriately and use of their assistance in the management of ongoing care

II. Specialty Specific Knowledge

By the end of the PGY3 rotation on the Shoulder Service and building upon experiences from the PGY2 year of didactics/prison service and trauma service, the resident should:

Have a detailed knowledge of the anatomical structures of the shoulder and know all surgical approaches to the shoulder
Understand anatomy, physiology, and biomechanics of the shoulder as they relate to patients with injuries and disease
Understanding of the incidence, natural history, cause, presentation, exam findings, classification, non-operative and the operative indications of the following key shoulder conditions:
- AC sprains and injuries and conditions
- Sternoclavicular injuries
- Anterior instability
- Posterior instability
- Multidirectional instability
- Voluntary instability
- Rotator cuff pathology and tears
- Disorders of the biceps tendon
- Shoulder fractures:
  - Clavicle
  - Distal clavicle
  - Scapula and glenoid
  - Proximal humerus fractures: GT, LT, Surgical neck, head split, 3-part, 4-part, valgus impacted 4-part, fx-dislocation
- Arthritic conditions of the shoulder:
  - Osteoarthritis
  - Rheumatoid arthritis
  - Avascular necrosis
  - Traumatic arthritis/arthritis of instability
  - Rotator cuff arthropathy
- Locked dislocations/instability with bone loss
• Disorders of the scapula
• Nerve compression disorders about the shoulder
• Frozen shoulder
• Calcific tendonitis

4. Know the appropriate shoulder radiographs and further imaging studies that should be ordered and evaluated in all of the above conditions.
5. Understand the post-operative protocols/decision making for the postoperative care of rotator cuff, instability, fracture and shoulder replacement surgeries
6. Understand the presentation, evaluation, and treatment of common post-op complications such as arthrofibrosis, recurrent instability and re-tear of the rotator cuff.
7. Resident should be able to take a detailed and appropriate injury specific history and formulate a differential of pathology, appropriate tests to order, and present this patient to the attending.

III. Specialty Specific Psychomotor Skills

By the end of the PGY3 rotation in Shoulder Surgery, the resident should:

1. Have a thorough knowledge of the surgery, surgical approach, and the reasoning, biomechanics, placement, and technique of the surgical reconstructions/repair and implants used.
2. Interpret and synthesize patient history, clinical exam, and diagnostic tests into coherent diagnoses for each condition
3. Be able to appropriately set the patient up in the correct position for surgery
4. Understand how and be able to perform a closed reduction of an anterior or a posterior shoulder dislocation
5. Understand the anatomy/pathoanatomy of why and how to appropriately reduce a displaced proximal humerus fracture
6. In particular, the resident should feel confident in their ability to perform the following at the conclusion of their rotation:
   • Perform a diagnostic shoulder arthroscopy
     o Gain entry to the joint
     o Establish the anterior portal
     o Probe all structures
   • Perform a biceps tenotomy
   • Appropriately place the scope in the SA space
   • Perform a subacromial decompression
   • Perform a mumford
   • Understand suture management in rotator cuff and instability surgery
   • First assist and anticipate all steps of an arthroscopic RCR/instability surgery
   • Understand the approaches to open shoulder surgery and when to use each
   • Know the appropriate retractors and when to use each for open shoulder surgery
   • Perform a deltopectoral approach down to the subscapularis
   • Take down the subscapularis
   • Understand/anticipate and know how to assist for fracture fixation, HHR, TSA
   • Understand the steps to expose the glenoid and know how to retract/assist this aspect
   • Understand the steps, concepts, approaches to bone loss instability cases
   • Expose, reduce with assistance, and plate a clavicle fracture
Goals and Objectives
Shoulder Rotation – PGY5

I. Core Competency Areas

By the end of the PGY 5 rotation on the shoulder service, the resident should demonstrate progress towards obtaining excellence in each of the following core competency areas.

Patient Care

1. Demonstration of caring and respectful behaviors when interacting with patients and families
2. Procurement of thorough, logical, and concise patient histories with an emphasis on the musculoskeletal system
3. Responsiveness to the individual needs of patients and their families
4. Performance of physical examinations that are accurate, comprehensive, and directed to patient’s problems. This applies to the clinic, emergency department, and in-patient settings.
5. Integration of medical facts and clinical data as the basis for diagnosis
6. Evaluation of risks, benefits, and alternative treatments
7. Formulation and carry out of a complete and effective treatment plan (operative and non-operative)
8. Counsel of patient and family in treatment procedure, options, and potential outcomes
9. Dissemination of education and services to the patient which are aimed at preventing treatment complications and maintaining health
10. Understanding of and performance of medical procedures related to treatment plan
11. Ability to work well with entire team of health care professionals and be involved in care of the patient

Medical Knowledge

1. Exhibition of a fund of medical knowledge that is up-to-date and ability to cite literature appropriately
2. Investigation of topics as needed for clinical assignments
3. Understanding and use of basic science principles as related to medical practice

Practice-Based Learning

1. Assessment of ones own patient management skills and ability to make appropriate changes in practice
2. Integration of evidence from scientific studies in the care of patient’s problems
3. Demonstration of knowledge of study designs and statistical methods in order to evaluate scientific studies
4. Usage of available information technology to obtain and manage information
5. Willingness to take time to educate students and other health care professionals

Interpersonal Skills

1. Fostering of a compassionate, therapeutic relationship with patients and their families
2. Ability to listen to patients and include them in treatment decisions
3. Ability to listen to information provided by other members of the health care team

Professionalism

1. Respectfulness of patient wishes and ability to provide adequate counseling, education, and informed consent instructions to patients
2. Demonstration of an ethically sound practice of medicine
3. Demonstration of sensitivity to cultural, age, gender, and disability issues among patients

Systems-Based Practice

1. Knowledge of how to provide cost-effective care
2. Willingness to advocate for patients within the health care system
3. Referral of patient to appropriate practitioners and agencies within the health care system
4. Accessing of consultants appropriately and use of their assistance in the management of ongoing care

II. Specialty Specific Knowledge

By the end of the PGY 5 rotation on the Shoulder Service and building upon experiences from the PGY 3 year, the resident should first know and review the basics:

Basic:

1. Have a detailed knowledge of the anatomical structures of the shoulder and know all surgical approaches to the shoulder
2. Understand anatomy, physiology, and biomechanics of the shoulder as they relate to patients with injuries and disease
3. Understanding of the incidence, natural history, cause, presentation, exam findings, classification, non-operative and the operative indications of the following key shoulder conditions:
   - AC sprains and injuries and conditions
   - Sternoclavicular injuries
   - Anterior instability
   - Posterior instability
   - Multidirectional instability
   - Voluntary instability
   - Rotator cuff pathology and tears
   - Disorders of the biceps tendon
   - Shoulder fractures:
     - Clavicle
     - Distal clavicle
     - Scapula and glenoid
     - Proximal humerus fractures: GT, LT, Surgical neck, head split, 3-part, 4-part, valgus impacted 4-part, fx-dislocation
   - Arthritic conditions of the shoulder:
     - Osteoarthritis
o Rheumatoid arthritis
o Avascular necrosis
o Traumatic arthritis/arthritis of instability
o Rotator cuff arthropathy
  • Locked dislocations/instability with bone loss
  • Disorders of the scapula
  • Nerve compression disorders about the shoulder
  • Frozen shoulder
  • Calcific tendonitis

4. Know the appropriate shoulder radiographs and further imaging studies that should be ordered and evaluated in all of the above conditions.
5. Understand the post-operative protocols/decision making for the postoperative care of rotator cuff, instability, fracture and shoulder replacement surgeries
6. Understand the presentation, evaluation, and treatment of common post-op complications such as arthrofibrosis, recurrent instability and re-tear of the rotator cuff.
7. Resident should be able to take a detailed and appropriate injury specific history and formulate a differential of pathology, appropriate tests to order, and present this patient to the attending.

**Advanced:**

1. Be able to discuss and know the non-operative treatment options for all of the above listed shoulder conditions.
2. Know the reconstructive options used in the treatment of AC instability; anterior/posterior/Multidirectional instability; rotator cuff tears; biceps pathology
3. Understand the influence of bone loss in instability cases and how that effects the surgical decision making
4. Know the fixation options and be able to discuss the reasoning on how to treat fractures of the proximal humerus, clavicle, distal clavicle, glenoid and scapula.
5. Know the reconstructive options that are available for the treatment of shoulder arthritis, as well as cuff arthropathy, and understand the different indications for TSA versus HHR versus reverse TSA.
6. Understand and be able to discuss the thought process and work-up in the treatment of the more complex shoulder problems, in particular revision shoulder surgeries and the failed surgery with complications.

III. Specialty Specific Psychomotor Skills

*By the end of the PGY 5 rotation in Shoulder Surgery and building upon the experience from the PGY 3 rotation, the resident should:*

**Basics:**

1. Have a thorough knowledge of the surgery, surgical approach, and the reasoning, biomechanics, placement, and technique of the surgical reconstructions/repair and implants used.
2. Interpret and synthesize patient history, clinical exam, and diagnostic tests into coherent diagnoses for each condition
3. Be able to appropriately set the patient up in the correct position for surgery
4. Understand how and be able to perform a closed reduction of an anterior or a posterior shoulder dislocation
5. Understand the anatomy/pathoanatomy of why and how to appropriately reduce a displaced proximal humerus fracture
6. In particular, the resident should feel confident in their ability to perform the following at the conclusion of their rotation:
   - Perform a diagnostic shoulder arthroscopy
     - Gain entry to the joint
     - Establish the anterior portal
     - Probe all structures
   - Perform a biceps tenotomy
   - Appropriately place the scope in the SA space
   - Perform a subacromial decompression
   - Perform a mumford
   - Understand suture management in rotator cuff and instability surgery
   - First assist and anticipate all steps of an arthroscopic RCR/instability surgery
   - Understand the approaches to open shoulder surgery and when to use each
   - Know the appropriate retractors and when to use each for open shoulder surgery
   - Perform a deltopectoral approach down to the subscapularis
   - Take down the subscapularis
   - Understand/anticipate and know how to assist for fracture fixation, HHR, TSA
   - Understand the steps to expose the glenoid and know how to retract/assist this aspect
   - Understand the steps, concepts, approaches to bone loss instability cases
   - Expose, reduce with assistance, and plate a clavicle fracture

Advanced:

- Placement of suture anchors in instability or SLAP lesions
- Passage of suture through the capsule and or labrum
- Tying arthroscopic suture knot
- Placement of suture anchors in Rotator cuff tears
- Understand rotator cuff repair suture management
- First assist and anticipate all steps of an arthroscopic RCR
- Pass suture through the rotator cuff arthroscopically
- Perform the osteotomy and placement of the humeral component in a TSA
- Understand and know how to perform the releases to expose the glenoid
- Perform the reduce maneuver and plating of proximal humerus and clavicle fractures
- Understand tuberosity reconstruction in a 4-part proximal humerus fracture
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Physical Exam Competencies
Shoulder Service: PGY3 at OSU

By the end of the PGY 3 rotation on the Shoulder Service, the resident should be able to demonstrate proficiency in the key physical examination tests; The PGY 5 rotation is an opportunity to polish these physical examination skills.

Shoulder exam:

☐ Normal examination of the shoulder, including:
  ☐ Inspection: atrophy, deformity, skin changes, prior scars, etc.
  ☐ Palpation:
    - AC joint
    - Greater tuberosity
    - Bicipital groove
    - Coracoid process
  ☐ Range of motion:
    - Internal/external rotation
    - Forward elevation
    - Abduction/adduction
  ☐ Neurovascular testing

Special Tests:

Instability Testing:
☐ Load and shift test
☐ Apprehension test
☐ Relocation sign
☐ Posterior apprehension sign
☐ Circumduction test
☐ Sulcus sign (with and without external rotation)
☐ Generalized ligamentous laxity

Rotator Cuff Testing:
☐ Jobe test (empty can test)
☐ External rotation “lag” sign
☐ Hornblower’s sign
☐ Resisted external rotation at the side and at 90° abduction
☐ Lift off
☐ Belly press
☐ Drop arm

Impingement Testing:
- Neer/Impingement sign
- Hawkin’s test
- Neer Impingement test

Other Tests:
- Cross body adduction
- Yergason’s test
- Speed’s test
- Active compression (O’brien’s test)
- Scapular winging/scapular stabilization
- Adson’s test (thoracic outlet syndrome)
- Spurling’s test (cervical spine involvement)
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Physical Exam Competencies
Shoulder Service: PGY5 at Riverside

By the end of the PGY5 rotation on the Shoulder Service, the resident should be able to demonstrate proficiency in the key physical examination tests;

Shoulder exam:

☐ Normal examination of the shoulder, including:
  ☐ Inspection: atrophy, deformity, skin changes, prior scars, etc.
  ☐ Palpation:
    - AC joint
    - Greater tuberosity
    - Bicipital groove
    - Coracoid process

☐ Range of motion:
  - Internal/external rotation
  - Forward elevation
  - Abduction/adduction

☐ Neurovascular testing

Special Tests:

Instability Testing:
☐ Load and shift test
☐ Apprehension test
☐ Relocation sign
☐ Posterior apprehension sign
☐ Circumduction test
☐ Sulcus sign (with and without external rotation)
☐ Generalized ligamentous laxity

Rotator Cuff Testing:
☐ Jobe test (empty can test)
☐ External rotation “lag” sign
☐ Hornblower’s sign
☐ Resisted external rotation at the side and at 90° abduction
☐ Lift off
☐ Belly press
☐ Drop arm

Impingement Testing:
☐ Neer/Impingement sign
Hawkin’s test
Neer Impingement test

Other Tests:
Cross body adduction
Yergason’s test
Speed’s test
Active compression (O’brien’s test)
Scapular winging/scapular stabilization
Adson’s test (thoracic outlet syndrome)
Spurling’s test (cervical spine involvement)
Surgical Competencies
**Shoulder Service: PGY3 at OSU**

**By the end of the PGY3 rotation in Shoulder, the resident should be able to:**

- Perform a diagnostic shoulder arthroscopy
  - Gain entry to the joint
  - Establish the anterior portal
  - Probe all structures
- Perform a biceps tenotomy
- Appropriately place the scope in the SA space
- Perform a subacromial decompression
- Perform a mumford
- Understand suture management in rotator cuff and instability surgery
- First assist and anticipate all steps of an arthroscopic RCR/instability surgery
- Understand the approaches to open shoulder surgery and when to use each
- Know the appropriate retractors and when to use each for open shoulder surgery
- Perform a deltopectoral approach down to the subscapularis
- Take down the subscapularis
- Understand/anticipate and know how to assist for fracture fixation, HHR, TSA
- Understand the steps to expose the glenoid and know how to retract/assist this aspect
- Understand the steps, concepts, approaches to bone loss instability cases
- Expose, reduce with assistance, and plate a clavicle fracture
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Shoulder Reading Lists – PGY3& PGY5

1) ASES Curriculum Guide for the Treatment of Shoulder Injury
   Comprehensive reference guide for every type of shoulder injury, with the most
   important/historic reference provided – developed by ASES Education
   Committee for the basic foundation of information on the evaluation and
   treatment of shoulder injury and disease

2) Disorders of the Shoulder, second edition, editors Iannotti and Williams

3) Complex and Revision Problems in the Shoulder, Editors Iannotti, Flatow
   Recommend this book to assist with the understanding of the complex shoulder
   injuries/surgeries that the resident will see on the shoulder service – may
   borrow/photocopy chapters on a case by case basis

4) OKU Shoulder and Elbow

All sources on loan from Dr Bishop/available to copy

Arthroscopic Knot Tying Board/set – available from Dr Bishop – MUST give back at conclusion
of the rotation
Shoulder Service (OSU) Didactics

- Arthroscopy Labs: Residents will have 2 shoulder arthroscopy labs each year – to learn basic and advanced shoulder techniques and understand principles of surgical repairs.

- For all residents (Friday conference): 12 lectures hours every 2 years

1) Chronic dislocations (Bishop)
   a. Anterior/posterior
   b. Instability with bone loss
2) Rotator Cuff I: (Jones)
   a. nonsurgical management/impingement/partial tears
3) Rotator Cuff II: (Jones)
   a. surgical management/acute/full thickness/subscapularis tears
4) AC/SC disorders/injuries (Bishop)
5) Arthritic conditions of the shoulder/arthroplasty: 2.0 hrs (Bishop)
   a. DJD
   b. AVN
   c. DJD in young patient
   d. cuff arthropathy
   e. 4-part fx’s – requiring HHR/reverse TSA
6) Proximal Humerus Fractures (non-arthroplasty): (Bishop)
   a. GT/LT/Surgical neck/3-part/4-part fractures
7) Scapula/glenoid/clavicle/ fractures (Bishop)
8) Frozen shoulder/post-traumatic stiffness/calcific tendonitis (Bishop)
9) Disorders of the scapula (Bishop)
10) Nerve compressions syndromes about the shoulder (Jones)
   a. Suprascapular nerve, spinoglenoid notch, thoracic outlet, brachial neuritis/parsonage turner,
11) Shoulder and elbow injuries in the adolescent (Jones)
   a. (not covered in children’s curriculum)

Additional Conferences:
- bi-monthly shoulder journal club – will join the sports journal club when shoulder topics are presented

Faculty: Dr’s Bishop/Jones