The Ohio State University
Department of Orthopaedics

Residency Curriculum

Sports Medicine
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  

Sports Medicine Service Information - OSU

Christopher C. Kaeding M.D.  
Director, Division of Sports Medicine  
Office: 614-293-8813  
christopher.kaeding@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

Dave Flanigan, MD  
Pager: 614-346-8980  
Email: david.flanigan@osumc.edu  
Office: Martha Morehouse, 3rd floor, Sports Medicine

Julie Bishop, MD  
Pager: 346-2112  
Email: Julie.bishop@osumc.edu  
Office: Martha Morehouse, 3rd floor, Sports Medicine

Rob Najarian, MD  
Pager: 614-346-8280  
Email: Robert.najarian@osumc.edu  
Office: Care Point Gahanna

Amber Thompson, Administrative Assistant to Dr Kaeding  
Phone: 614-293-8813  
Fax: 614-293-2910  
Email: amber.thompson2@osumc.edu

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

Yvonne Daugherty, Administrative Assistant to Dr Flanigan  
Phone: 293-2413  
Fax: 614-293-2910
Email: Yvonne.daugherty@osumc.edu

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

Rose Backs PA-C (Clinical – Dr Kaeding)
Cell: 614-906-9905
Rose.Backs@osumc.edu

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

Stephanie Stradley, PA-C (Clinical – Dr Flanigan)
Cell: 614-348-6077
Pager: 614-346-3055

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

Schedules

During the 2 month rotation, the PGY 4 sports resident will rotate with the attendings that do not have a sports fellow on their service. The goal is for the resident to have a near even split of sports knee and shoulder, thus you will spend time with several of the attendings throughout your work week and 2 months rotation. However, the schedules are flexible to allow the resident to participate in and see unique cases and also cover an attending that is in need of assistance.

Dr Kaeding
Monday am: Administrative / research meetings
Monday noon – 6pm Clinic (Stoneridge)
Tuesday 7 - 3: surgery, OSU east
Tuesday 4 – 7 training room
Wednesday 7 – 3 surgery, OSU east
Wednesday 4 – 7 training room
Thursday 9 – 5 Clinic (Morehouse)
Friday 7 – 5 education conferences, administrative / research meetings

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
Dr Flanigan
Monday: office at Morehouse, 7:30 – 5pm
Tuesday: OR, OSU east 7am
   First Tuesday of the month is prison cases at OSU main
Wednesday: office at Morehouse, 7:30 – 5pm
Thursday: OR, OSU east 8am
Friday: academic day or multi-lig cases

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 Najarian
Monday: OR at OSU east, 7am
Tuesday: Clinic at Care Point Gahanna: 8:30 – 5pm
Wednesday: OR at OSU east, 12-5pm
Thursday: Clinic at Care Point Gahanna: 8:30 am – 5pm
Friday: academic day except 2nd Friday: 1-4 pm clinic at Martha Morehouse
I. Resident Responsibilities for Patient Care

- **Rounding:** During the course of your rotation, patients may be admitted before and or after surgery. The expectation is for the resident to know about and round on all inpatient surgical patients, even if you were not involved in the case. This 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 Sports 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 and also for LE and sports cases. Consult MMT on all sports patients that were admitted. Order X-rays in the PACU on all patients that underwent any type of fixation or implant.

- **Dictations:** Most of the sports medicine attendings do 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:** Most sports medicine patients 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.

- **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. They are not limbs or extremities for you to practice surgery skills. 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 attendings. 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.

- 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.

- 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 the primary attendings that they are working with to discuss performance and assess if goals are being met.
Goals and Objectives
Sports Medicine Rotation – PGY3

I. Core Competency Areas

By the end of the PGY3 rotation in Sports Medicine, 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 in Sports Medicine, the resident should:

1. Understand physical therapy modalities in general sports medicine
2. Understand and describe the pertinent clinical anatomy of the shoulder, elbow, knee, leg, ankle, and foot
3. Understand and weigh surgical risk and potential benefit for each patient for each surgical procedure considered.
4. Understand and describe the clinical anatomy and biomechanics of the shoulder
5. Understand and describe the mechanics of the throwing motion
6. Understand and describe the relationship between shoulder instability and rotator cuff tendinitis
7. Understand and describe the relationship between impingement and rotator cuff tears.
8. Describe the pathophysiology and the rationale for non-operative treatment of the following pathologic entities related to the shoulder: rotator cuff tendinitis/tear/impingement, Gleno-humeral instability, adhesive capsulitis
9. Describe the indications and rationale for the following procedures related to the shoulder (describe both open and arthroscopic variations of the procedure, indication for each, and rehabilitation protocol): Rotator cuff repair, subacromial decompression, stabilization procedures, Mumford procedure.
10. Understand the differential diagnosis and treatment for anterior knee pain and patellar instability.
11. Understand the typical history and presentation of Anterior or Posterior Cruciate Ligament Injuries
12. Be familiar with the various types of knee braces
13. Understand the healing potential and current treatment options of meniscal tears and chondral defects.
14. Understand the presentation and pathology of meniscal cysts and discoid menisci
15. Understand the non-operative treatment of patella tendinitis, saphenous neuritis, and MCL sprains
16. Understand the post-operative rehabilitation of meniscal repairs and ACL reconstructions
17. Understand the presentation, evaluation and treatment of common post-operative complications of infection and deep venous thrombosis
18. Understand and describe the pathophysiology of Compartment Syndrome
19. Understand and describe the pathophysiology of Stress Fracture
20. Be familiar with special radiographic examinations of the leg and thigh including MRI, CT, and nuclear medicine studies
21. Discuss the possible etiologies of peroneal nerve injury and recognize the signs of peroneal nerve injury.
22. Understand the pathophysiology and presentation of OCD of the talus
23. Understand the pertinent clinical anatomy and biomechanics of the ankle.
24. Understand the non-operative treatment of the following related to the ankle: Peroneal or posterior tibialis tendinitis, ankle sprains, achilles tendinitis, ankle instability
25. Understand the pathophysiology and presentation of the following related to the ankle: the different types of achilles tendinitis, the different types of ankle sprains, and ankle instability.
26. Understand the presentation and the non-operative treatment of the following related to the elbow: lateral epicondylitis, medial epicondylitis, UCL sprains, ulnar neuritis, olecranon bursitis, and radial head fractures.
27. Understand the pertinent clinical anatomy and biomechanics of the elbow.
28. Understand the pathology and presentation of Panner’s Disease (OCD capitellum) and Valgus extension overload
III. Specialty Specific Psychomotor Skills

By the end of the PGY3 rotation in Sports Medicine, the resident should be able to:

1. Write a concise physical therapy prescription
2. Write a physical therapy prescription for the following related to the shoulder: Rotator cuff tendinitis/tear/impingement, gleno-humeral instability, adhesive capsulitis, rotator cuff repair, subacromial decompression, stabilization procedures, and the Mumford procedure.
3. Perform a physical examination of the shoulder and identify all pertinent anatomic landmarks, quantify range of motion, evaluate glenohumeral stability of the rotator cuff and the AC joint
4. Make a clinical diagnosis of the following: Adhesive capsulitis, anterior instability, posterior instability, rotator cuff tendinitis, impingement syndrome, AC joint arthrosis, AC joint separation and grade, and biceps rupture.
5. Identify all pertinent anatomic landmarks of the knee.
6. Evaluate knee range of motion.
7. Make a clinical diagnosis of the following related to the shoulder: labral tear and rotator cuff tear.
8. Know the indications for and perform the following procedures related to the shoulder: distal clavicle excision and open decompression.
9. Evaluate and grade knee stability in varus/valgus, anterior/posterior, and rotatory directions using appropriate clinical tests
10. Make a clinical diagnosis of the following: ACL tear, PCL tear, MCL injury/tear, LCL injury/tear, chondromalacia patella, patella instability, degenerative arthritis, pre-patella bursitis, tibial plateau fracture, quadriceps rupture, patellar tendon rupture, knee dislocation.
11. Make a clinical diagnosis of the following related to the knee: Posterior lateral corner injuries, meniscal tear, loose body, synovitis, plica syndrome, and VMO avulsion
12. Perform and ORIF patella procedure
13. Diagnose and describe the nonoperative treatment of the following related to the thigh/leg: quadriceps contusion, hamstring tear/strain, quadriceps strain/tear, hip flexor/adductor strain/tear, stress fracture of femur or tibia, shin splints, and gastrocnemius strain/tear.
14. Know the indications for and perform the following procedures related to the knee: diagnostic arthroscopy, arthroscopic debridement, partial meniscectomy, abrasion chondroplasty, and patellar tendon repair.
15. Diagnose and describe the non-operative treatment of exertional compartment syndrome, medial tibial stress syndrome, and stress and traumatic fractures of the tibia and fibula.
16. Diagnose the following related to the Leg and Thigh: Exertional compartment syndrome, medial tibial stress syndrome, shin splints, gastrocnemius strain/tear, and Maissonneuve fracture/syndesmosis injury.
17. Know the indications for and be able to perform the following procedures related to the leg/thigh: Compartment releases: Anterior, lateral, and posterior.
18. Be able to perform an intramedullary nailing of stress fracture of the tibia and femur
19. Know the indications for and perform the following procedures related to the ankle: diagnostic arthroscopy, ORIF Jones fracture.
20. Know the indications for and perform the following procedures related to the elbow: diagnostic arthroscopy, tennis elbow debridement, ORIF fractures, Olecranon bursa debridement/drainage.
21. Perform a physical examination of the elbow and identify all pertinent landmarks.
22. Evaluate range of motion and stability of the elbow joint.
23. Diagnose the following related to the elbow: Lateral epicondylitis, medial epicondylitis, ulnar nerve entrapment, valgus extension overload, UCL incompetence, biceps tendinitis or distal rupture, OCD of capitellum, and Olecranon bursitis.
24. Perform the following procedures related to the elbow: Decompression of the Ulnar nerve, reduction of dislocation, and saline arthrogram.
Goals and Objectives
Sports Medicine Rotation – PGY4

I. Core Competency Areas

By the end of the PGY4 rotation in Sports Medicine, 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 one’s 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 PGY4 rotation in Sports Medicine and building upon the experiences from the PGY3 rotation, the resident should:*

Detailed knowledge of the anatomical structures of the shoulder, elbow, knee and ankle as it relates to sports injuries and surgical approaches and reconstructions

Understand anatomy, physiology, and biomechanics as they relate to patients with sports related injuries and disease

Understanding of the incidence, natural history, cause, historical features, exam findings, classification, non-operative and operative management of the following key sports related injuries:

- ankle sprains
- turf toe
- 5th metatarsal fractures
- lisfranc injuries
- Achilles pathology
- Gastroc strains
- ACL injuries
- Mensical injuries
- Osteochondral defects and cartilage injuries
- Patellofemoral pain syndrome
- Patella dislocations and instability
- Quad mechanism injuries
- Hamstring injuries
- Stress fractures
- Multiligament injuries
- AC sprains and injuries
- Anterior instability
• Multidirection instability
• Rotator cuff pathology and tears
• SLAP tears
• Throwing injuries
• Ulnar collateral ligament injuries
• Distal biceps ruptures
• Game keepers injury
• Mallet finger
• Jersey finger

4. Understanding of incidence, natural history, cause, historical features, exam findings, classification, and return to play issues with the following sports related injuries:
   • Concussion
   • C-spine injuries
   • Stingers
   • Ankle sprains
   • Muscle injuries
   • Stress fractures

5. Understanding the pre-participation examination and key medical issues in sports medicine:
   • Concussion
   • Ocular trauma
   • Asthma
   • Sudden cardiac death
   • Visceral injury
   • Key infections (Mono, HIV, MRSA, Herpes)
   • Ergogenic aids

6. Be familiar with the various types of knee braces
7. Understand the post-operative protocols for various surgeries and decision making for return to full activities.
8. Understand the presentation, evaluation, and treatment of common post-op complications such as arthrofibrosis.
9. Resident should be able to take a detailed and appropriate injury specific history and formulate a differential of pathology, appropriate tests to order, and appropriate indications for surgery.

III. Specialty Specific Psychomotor Skills

The attendings do NOT expect PGY4 residents to be doing a complex knee (ie meniscal repair, ACL reconstruction) or complex shoulder (ie Bankart repair, RTC repair) skin to skin on their rotation. The goal is to provide learning the skills that will need to be put together for your prison experience as a PGY5, to know how to assist properly and understand the flow and thinking of these complex sports cases.

By the end of the PGY4 rotation in Sports Medicine and building upon the experiences from the PGY3 rotation, 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. Perform procedures necessary for the treatment of athletic-associated injuries, including performing the task with a clear understanding of surgical indications.

4. In particular, the resident should feel confident in their ability to perform the following at the conclusion of their rotation:
   - Perform a diagnostic knee arthroscopy
   - Perform safely a partial meniscectomy
   - Perform a microfracture
   - Perform graft harvest and preparation in ACL Surgery
   - Doing a notchplasty in ACL surgery
   - Creation of bony tunnels for ACL reconstruction
   - Performing an Achilles repair, patella tendon, or quad tendon repair
   - Perform a diagnostic shoulder arthroscopy
   - Perform a biceps tenotomy
   - Placement of suture anchors in instability or SLAP lesions
   - Passage of suture through the capsule and or labrum
   - Tying arthroscopic suture knot
   - Perform a subacromial decompression
   - Performing a mumford
   - Placement of suture anchors in Rotator cuff tears
   - Understand rotator cuff repair suture management
   - First assist and anticipate all steps of an arthroscopic RCR
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**Physical Exam Competencies**

**Sports Medicine Service: PGY3 and PGY4**

By the end of the PGY 4 rotation in sports medicine, the resident should be able to demonstrate proficiency in the key physical examination tests

### Knee Exam:
- Normal examination of the knee, including:
  - Inspection
    - Gait
    - Effusion
    - Lower extremity alignment
  - Palpation
    - Medial/lateral joint line tenderness
    - Crepitus
  - Range of motion
    - Flexion/extension
- Neurovascular testing

### Special Tests:

#### Patellofemoral Tests:
- Q angle
- PF apprehension
- PF grind/compression
- PF quadrants
- “J” sign
- Patellar tilt test

#### Ligament Stability Tests:
- Valgus stress test
- Varus stress test
- Lachman test
- Anterior drawer
- Posterior drawer
- Posterior sag
- Quadriceps-active test

#### Meniscal Tests:
- McMurray’s test
- Apley compression test
- Deep knee bend

#### Other Tests:
- Palpable fluid wave
- Ballotable patella
- Wilson’s test

### 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
- 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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**Surgical Competencies**  
**Sports Medicine Service: PGY3**

*By the end of the PGY3 rotation in Sports Medicine, the resident should be able to perform the following procedures:*

1. Perform a diagnostic knee arthroscopy  
2. Perform safely a partial meniscectomy  
3. Perform a microfracture  
4. Perform graft harvest and preparation in ACL Surgery  
5. Doing a notchplasty in ACL surgery  
6. Creation of bony tunnels for ACL reconstruction  
7. Performing an Achilles repair, patella tendon, or quad tendon repair  
8. Perform a diagnostic shoulder arthroscopy  
9. Perform a biceps tenotomy  
10. Placement of suture anchors in instability or SLAP lesions  
11. Passage of suture through the capsule and or labrum  
12. Tying arthroscopic suture knot  
13. Perform a subacromial decompression  
14. Performing a mumford  
15. Placement of suture anchors in Rotator cuff tears  
16. Understand rotator cuff repair suture management  
17. First assist and anticipate all steps of an arthroscopic RCR
Surgical Competencies
Sports Medicine Service: PGY4

By the end of the PGY4 rotation in Sports Medicine, the resident should be able to perform the following procedures:

1. Perform a diagnostic knee arthroscopy
2. Perform safely a partial meniscectomy
3. Perform a microfracture
4. Perform graft harvest and preparation in ACL Surgery
5. Doing a notchplasty in ACL surgery
6. Creation of bony tunnels for ACL reconstruction
7. Performing an Achilles repair, patella tendon, or quad tendon repair
8. Perform a diagnostic shoulder arthroscopy
9. Perform a biceps tenotomy
10. Placement of suture anchors in instability or SLAP lesions
11. Passage of suture through the capsule and or labrum
12. Tying arthroscopic suture knot
13. Perform a subacromial decompression
14. Performing a mumford
15. Placement of suture anchors in Rotator cuff tears
16. Understand rotator cuff repair suture management
17. First assist and anticipate all steps of an arthroscopic RCR
Sports Medicine Reading Lists – PGY4

1) Hoppenfeld’s Orthopedic Surgical Anatomy
2) Deleze and Drez Sports Medicine
3) Cambell’s operative orthopaedics
4) Miller’s Techniques in Arthroscopy
5) OKU Sports Medicine Update 3
Sports Medicine Service (OSU) Didactics

- Arthroscopy Labs: Residents also have 6 arthroscopy labs each year (basic knee, basic shoulder, advanced knee, advanced shoulder, hip, elbow): principles of surgical skills/repairs will be reviewed here.

- For all residents (Friday conference): 12 lectures over a 2-year period:

  1) Traumatic Anterior Shoulder Instability/MDI/posterior instability (Jones)
  2) Shoulder injuries in the throwing athlete (Jones)
      a. SLAP/Internal impingement/biceps injuries
  3) Elbow injuries in the throwing athlete (Najarian)
      a. Throwing injuries/arthroscopy/distal biceps
  4) Ankle Injuries in the athlete (Najarian)
      a. OCD/Impingement/sprains/arthroscopy
  5) Quadriceps mechanism/ hamstrings and gastrocnemious injuries/ exertional compartment syndrome (Flanigan)
  6) ACL Injuries (Kaeding)
      a. Adult and pediatric
  7) PCL/Postero-lateral corner, MCL and Multi-Ligament knee injuries (Flanigan)
  8) Patellofemoral joint injuries (Najarian)
  9) Cartilage and meniscus injuries (Flanigan)
 10) Hip Joint injuries/arthroscopy indications (Ellis)
11) Event coverage (Kaeding)
      a. Medical/ortho emergencies
      b. C spine emergencies
      c. Stingers – return to play
      d. Concussion
12) Overuse injuries, tendinopathies, stress fractures (Kaeding)

Additional Conferences:

1) Multidisciplinary sports medicine conference: Fridays 7 am – 7:45 am
   a. Resident will be expected to research and present one topic at the conclusion of the 2 month rotation, working with the sports fellows to develop talk.
2) Rotating resident will be expected to attend monthly orthopaedic sports medicine journal club and will assist in preparing articles with the fellows for discussion.

Faculty: Dr’s Kaeding, Flanigan, Jones, Najarian, Ellis, Bishop