ORTHOPEDIC/SPORTS MEDICINE ROTATION SYLLABUS

Level of Training
PGY 2 or PGY 3

Length of Rotation
8 weeks

Preceptors’/Attendings’ Name(s) and Titles
Edward Forster, MD, (FMC faculty contact)

Tallahassee Orthopedic Clinic:
Gregg Alexander, MD  Floyd Jaggears, MD
David Bellamy, MD  Steve Jordan, MD
David Berg, MD  Hector Mejia, MD
Andrew Borom, MD  David Oberste, MD
Craig Butler, MD  Thomas Park, MD
Mark Fahy, MD  Garrison Rolle, MD
Aaron Guyer, MD  Kris Stowers, MD
Tom Haney, MD  William Thompson, MD
Hank Hutchinson, MD  Robert Thornberry, MD
Edward Jackson, MD  Andrew Wong, MD

North Florida Sports Medicine & Orthopedic Clinic:
Craig Butler, MD
Peter Loeb, MD

Capital Health Plan
Steve Currieo, MD
1491 Governor’s Square Blvd
Tallahassee, FL  32308
Phone 383-3500

Contact’s Name
TOC – Marie Varnum, LPN  - 878-4250

North Florida Sports Medicine & Orthopedic Clinic
Dr. Loeb  -  878-2549
Location(s) of the Rotation

North Florida Sports Medicine & Orthopedic Clinic
1405 Centerville Rd., Suite 604
Tallahassee, FL 32308

Tallahassee Orthopedic Clinic
3334 Capital Medical Blvd. #400
Tallahassee, FL 32308
Phone 877-8174

Capital Health Plan
1491 Governor’s Square Blvd
Tallahassee, FL 32308
Phone 383-3500

Tallahassee Orthopedic & Sports Physical Therapy (TOSPT)
3334 Capital Medical Blvd
Tallahassee, FL 32308
Phone 877-8855

Description of the Rotation

This rotation is designed to expose the resident to a breadth of orthopedic conditions so that he/she will be able to recognize orthopedic problems, their potential complications, appropriate therapy, and management and when to refer the patient.

Rotation time totals 8 weeks. Four weeks provide an exposure to general orthopedics and sports medicine. Residents spend an additional four weeks (one-week blocks) divided between non-surgical ortho spine (TOC Alexander), orthopedic sports/physical therapy (TOSPT), ortho fractures/cast clinic (TOC), and orthopedic subspecialists of choice.

In addition, 3 half-days per week will be spent with Dr. Steve Currieo (Capital Health Plan Family Physician), participating in non-surgical sports medicine care and procedures.

Goals of the Rotation

The goal of this rotation is to help the resident develop a level of orthopedic expertise so that:
1. he/she will be able to recognize orthopedic problems and their potential complications (Competency: Medical Knowledge, Patient Care).
2. begin appropriate therapy, (Competency: Patient Care) and
3. either manage or refer the patient when appropriate (Competency: Systems-Based Practice).
Learning Objectives

At the end of the orthopedics rotation, the resident will be able to:

1. identify the anatomy of the musculoskeletal system and explain the physiology of tissue and bone healing mechanisms (Competency: Medical Knowledge, Patient Care).

2. take a history which covers all areas pertinent to the presenting orthopedic problem (Competency: Patient Care).

3. conduct a physical examination which leads to a correct diagnosis of the orthopedic problem (Competency: Patient Care).
   - determine ROM
   - elicit typical signs of musculoskeletal disease such as McMurray’s sign, Drawer test, Tinel’s sign, and anatomical snuff box tenderness.

4. list ten common orthopedic problems and the physical clues to their diagnosis, including typical x-ray findings and expected symptoms (Competency: Patient Care).

5. describe the initial management of the following simple, stable, nondisplaced and closed fractures (Competency: Medical Knowledge):
   - phalanges
   - metacarpals
   - metatarsals
   - malleoli
   - tibia
   - fibula
   - patella
   - pelvis
   - one-bone forearm fractures
   - clavicle
   - ribs
   - humerus (mid-shaft)
   - humerus (head)

6. diagnose common stress fractures including metatarsal and tibial, if shown the typical findings on x-ray (Competency Medical Knowledge).

7. describe the treatment and management of common stress fractures (Competency: Patient Care).

8. differentiate between acute and chronic back pain (including the differential diagnosis of neurologic vs musculoskeletal etiologies) (Competency: Medical Knowledge, Patient Care).

9. appropriately manage patients with chronic back pain (Competency: Patient Care).

10. define 1) “sprain”, 2) “strain”, and 3) “contusion” (Competency: Medical Knowledge).

11. diagnose acute and chronic neck pain (Competency: Medical Knowledge).
12. outline an appropriate treatment plan for both acute and chronic neck pain (Competency: Patient Care).

13. define spondylolysis, spondylolisthesis, and Spurling’s test (Competency: Medical Knowledge).

14. examine the knee, shoulder, elbow, foot, ankle, and hip to diagnose the nature of the problem including reading x-rays of these joints; plan office management of problems related to these joints (Competency: Patient Care).

15. given a patient with the complaint of the sudden onset of a joint deformity, utilize the techniques of the physical exam and x-ray interpretation to diagnose the following (Competency: Patient Care):
   - anterior shoulder dislocation
   - subluxation of a child’s radial head (nursemaid’s elbow)
   - dislocated phalanges

16. diagnose and treat arthropathies, such as gout and arthritis; recognize the differences between rheumatoid arthritis and osteoarthritis (Competency: Patient Care).

17. identify cellulitis and closed-space infections and plan treatment (Competency: Patient Care).

18. diagnose and plan treatment for inflammation of the following (Competency: Patient Care):
   - bursae
   - joints
   - muscles
   - tendons

19. diagnose common athletic injuries of the musculoskeletal system (Competency: Patient Care).

20. diagnose adolescent tibial prominence pain and scoliosis by physical exam and/or x-ray readings (Competency: Patient Care).

21. describe the uses of various orthoses, such as corsets, braces, collars, splints, shoes and wedges (Competency: Patient Care).

22. describe the various modalities of physical therapy and the indications for their utilization, including cervical, lumbosacral and shoulder treatments (Competency: Patient Care).
23. appropriately utilize consultants in each of the following instances (Competency: Systems-Based Practice):
   - fractures involving joint surfaces
   - fracture dislocation
   - open fractures
   - displaced, comminuted fractures
   - cervical spine fractures
   - both bone fractures of the forearm and lower leg
   - fractures involving the elbow (i.e. olecranon, supracondylar, intercondylar)
   - any femoral fractures
   - patients with multiple fractures or fractures requiring hospitalization for open reduction and internal fixation
   - recurrent dislocation or those requiring surgery (i.e. ankles, elbows, hips, knees, vertebrae, or wrists)
   - osteomyelitis
   - vascular problems and complications related to orthopedics
   - partial and total joint replacements
   - scaphoid-lunate dislocation
   - benign neuroma
   - systemic complications of orthopedic injuries (i.e. ARDS, fatty embolism)

24. use correct taping and strapping techniques where indicated (Competency: Patient Care).

25. immobilize suspected fractures for transport (Competency: Patient Care).

26. field and office management of sports injuries (Competency: Patient Care).

27. demonstrate appropriate choice of patients for joint injection or soft tissue injections, choose correct injection materials, and demonstrate correct technique in shoulder, knee, and greater trochanteric bursa injections (Competency: Patient Care).

Methodology for Teaching

Residents will learn by observing and assisting attendings in the evaluation and treatment of patients in the office, wards, and OR. When possible the resident should primarily evaluate the patient, formulate a differential diagnosis and a plan of action. This should be presented to the attending for evaluation. The resident should be precepted while injecting or aspirating joints (i.e. knees, shoulders, hips), splinting sprains and simple fractures and reading appropriate radiologic studies.Whenever possible, the resident should be a first assistant in all surgeries.

Evaluation

The resident should receive verbal feedback regularly from the attending, who also completes a written evaluation on the resident at the end of the rotation.
Recommended Readings

Available in Dr. Mazziotta’s office


5. Canale: *Campbell’s Operative Orthopaedics, 10th ed.*, 2003 Elsevier (available on MD Consult/Internet).


7. Orthopedic Injuries & Immobilization (Stanford University)  
   [http://emed.standford.edu/education/Didactic/Splints.ppt](http://emed.standford.edu/education/Didactic/Splints.ppt)

Reviewed: 06/09/05, 02/08/06, 04/17/07, 06/08, 06/09, 09/10, 03/11, 08/11, 08/15  
Revised: 06/09/05, 06/08, 09/08, 09/10, 03/11, 08/11
## ORTHO Rotation

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TMH FAMILY PRACTICE RESIDENCY PROGRAM
ORTHOPEDICS/SPORTS MEDICINE ROTATION EVALUATION

Resident_________________________ PGY _____ Preceptor ____________________

Location ______________ Dates _________________________

Please compare this resident with what you have seen/expect from other Family Practice Residents at this level of training. Please check one response for each question.

1. How was the resident’s attendance and punctuality during this rotation (Comp. P1*)?
   □ Below Expectations   □ Above Expectations

2. Compared to what you would expect for this level of training, how knowledgeable was the resident about the diagnosis and management of common Orthopedic/Sports Medicine problems (Comp. MK2)?
   □ Below Expectations   □ Above Expectations

3. How well does the resident know when to appropriately refer patients for evaluation and management of Orthopedic/Sports Medicine problems (Comp. SBP2, SBP3, SBP4)?
   □ Below Expectations   □ Above Expectations

4. How well did the resident demonstrate self-learning about material on the rotation(Comp PBL4)?
   □ Below Expectations   □ Meets Expectations   □ Above Expectations

Overall, how would you rank the resident’s performance?

   □ Below Expectations   □ Meets Expectations   □ Above Expectations

Comments: ___________________________________________________________________
______________________________________________________________________________

Thanks for taking time to allow the resident to work with you and filling out this evaluation!

Evaluator/Date       Resident/ Date       Group Leader/ Date       Director/ Date

*The material in parenthesis is for internal residency use only, and does not apply to the preceptor.