Sports Medicine Fellowship Evaluation	
XYZ Sports Center	
Fellow's Name _____ Rotation Dates _____ Evaluator's Name _____ Evaluator's Location _____	*Please us the following grading scales by filling in the appropriate square with the corresponding number.* 6 = 60% -- Unacceptable Performance 7 = 70% -- Acceptable Performance 8 = 80% -- Meets Expectations 9 = 90% -- Exceeds Expectations 10 = 100% - Outstanding N/A – Not Applicable

GENERAL OBJECTIVES	**6**	***7***	***8***	***9***	***10***	***N/A***
1. Demonstrates professional appearance	☐	☐	☐	☐	☐	☐
2. Communicates/relates to physicians and staff in a professional manner.	☐	☐	☐	☐	☐	☐
3. Appreciates the need for privacy, dignity and respect for the patient.	☐	☐	☐	☐	☐	☐
4. Shows evidence of being a self motivated learner.	☐	☐	☐	☐	☐	☐
5. Keeps accurate up-to date medical records.	☐	☐	☐	☐	☐	☐
6. Provided and discussed published objectives for this rotation.	☐	☐	☐	☐	☐	☐

CLINICAL SPORTS MEDICINE FELLOWSHIP EVALUATION

Orthopedics	**6**	**7**	**8**	**9**	**10**	**N/A**
1. Perform clinical orthopedic evaluation On the following:						
a. Upper Extremities	☐	☐	☐	☐	☐	☐
b. Low Back	☐	☐	☐	☐	☐	☐
c. Hip	☐	☐	☐	☐	☐	☐
d. Knee	☐	☐	☐	☐	☐	☐
e. Leg	☐	☐	☐	☐	☐	☐
f. Ankle	☐	☐	☐	☐	☐	☐
g. Foot	☐	☐	☐	☐	☐	☐
2. Perform open and closed reduction of Fractures/dislocations under supervision.	☐	☐	☐	☐	☐	☐
3. Perform or assist with large and small joint arthroscopic procedures.	☐	☐	☐	☐	☐	☐
4. Identify indications and limitations of rehabilitation programs associated with common orthopedic disorders.	☐	☐	☐	☐	☐	☐
5. Recognize physiatrist role in evaluation and management of lower extremity disorders.	☐	☐	☐	☐	☐	☐
6. Identify principles associated with Orthopedic concerns in the following:	☐	☐	☐	☐	☐	☐
a. Sekeletally immature athlete	☐	☐	☐	☐	☐	☐
b. Geriatric athlete	☐	☐	☐	☐	☐	☐
c. Female athlete	☐	☐	☐	☐	☐	☐

Educational Quality Assurance	YES	NO
1. Were the rotation objectives clearly outlined ?	☐	☐
2. Was the Fellow adequately prepared for this rotation ?	☐	☐

☐ ***Pass*** ☐ ***Fail***

COMMENTS:

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Evaluator's Signature ***Date***