

Sports Medicine Fellowship Evaluation						
XYZ Sports Center						
Fellow's Name _____ Rotation Dates _____ Evaluator's Name _____ Evaluator's Location _____	<i>Please use the following grading scales by filling in the appropriate square with the corresponding number.</i> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates/relates to physicians and staff in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appreciates the need for privacy, dignity and respect for the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shows evidence of being a self motivated learner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Keeps accurate up-to date medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provided and discussed published objectives for this rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL SPORTS MEDICINE FELLOWSHIP EVALUATION

<i>Pedorthics</i>	6	7	8	9	10	N/A
1. Recognize principles of show anatomy and construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Perform evaluation and implementation for proper shoe fitting protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Perform evaluations and recommend appropriate athletic shoe gear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Perform internal and external shoe modifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify principles and perform Ankle Foot Orthosis (AFO) bracing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Prescribe and, as required, fabricate the following podiatric orthosis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Over the Counter Orthosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rigid Custom Orthosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accommodative Orthosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION QUALITY ASSURANCE	YES	NO
1. Were the rotation objectives clearly outlined ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the Fellow adequately prepared for this rotation ?	<input type="checkbox"/>	<input type="checkbox"/>

Pass *Fail*

