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

Physical Therapy/Athletic Training	**6**	**7**	**8**	**9**	**10**	**N/A**
1. Perform clinical evaluation with emphasis on Muscle testing and range of motion of:						
a. Back	☐	☐	☐	☐	☐	☐
b. Hip	☐	☐	☐	☐	☐	☐
c. Knee	☐	☐	☐	☐	☐	☐
d. Ankle	☐	☐	☐	☐	☐	☐
e. Foot	☐	☐	☐	☐	☐	☐
2. Know indications and perform stretching exercises for the lower extremity.	☐	☐	☐	☐	☐	☐
3. Know indications and demonstrate proper techniques for strengthening programs for the lower extremity.	☐	☐	☐	☐	☐	☐
4. Know indications and demonstrate proper techniques for the following:						
a. Massage	☐	☐	☐	☐	☐	☐
b. Manual Therapy	☐	☐	☐	☐	☐	☐
c. Joint Mobilization	☐	☐	☐	☐	☐	☐
5. Know indications, contraindications, set up procedures, parameters, and expected results for common treatment modalities (i.e. ice, heat, whirlpool, TENS, Paraffin, Ultrasound, etc.	☐	☐	☐	☐	☐	☐
6. Know indications and perform the following taping techniques:						
a. Patellar Taping	☐	☐	☐	☐	☐	☐
b. Shin-Splint Taping	☐	☐	☐	☐	☐	☐
c. Ankle Taping	☐	☐	☐	☐	☐	☐
d. Low-Dye	☐	☐	☐	☐	☐	☐
e. Digital	☐	☐	☐	☐	☐	☐

Physical Therapy/Athletic Training	6	7	8	9	10	N/A
7. Identify principles and indications associate with comprehensive rehabilitative programs for the following sports medical problems:						
a. Patellofemoral Pain Syndrome	☐	☐	☐	☐	☐	☐
b. Achilles Tendonitis	☐	☐	☐	☐	☐	☐
c. Plantar Fasciitis	☐	☐	☐	☐	☐	☐
d. Ankle Tendonitis	☐	☐	☐	☐	☐	☐
e. Shin Splints (Tibial Fasciitis)	☐	☐	☐	☐	☐	☐
f. Ankle Sprains	☐	☐	☐	☐	☐	☐
g. Muscle Strain/Rupture	☐	☐	☐	☐	☐	☐
8. Identify principles, indications, progression and expected results and demonstrate the following						
a. Free Weights	☐	☐	☐	☐	☐	☐
b. Tubing	☐	☐	☐	☐	☐	☐
c. Pulleys	☐	☐	☐	☐	☐	☐
d. Orthotron	☐	☐	☐	☐	☐	☐
e. Cybex	☐	☐	☐	☐	☐	☐
f. Biodex	☐	☐	☐	☐	☐	☐
g. Fitron	☐	☐	☐	☐	☐	☐
h. Myoexerciser	☐	☐	☐	☐	☐	☐
i. Plyometric training	☐	☐	☐	☐	☐	☐
9. Demonstrate ability to perform and interpret] isokenetic testing	☐	☐	☐	☐	☐	☐
10. Know principles and implementation of proprioceptive training and assessment of proprioceptive deficits.	☐	☐	☐	☐	☐	☐

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***