

Podiatric Sports Medicine Fellowship:
Standards and Requirements



American Academy of Podiatric Sports Medicine
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STANDARDS AND REQUIREMENTS APPLICABLE TO

ALL PODIATRIC SPORTS MEDICINE FELLOWSHIP PROGRAMS

1.0 *The sponsorship and control of podiatric sports medicine fellowship programs is under the specific administrative responsibility of a healthcare institution(s) or individual medical practitioner that develops, implements and monitors the fellowship training program.*

1.1 **The sponsorship and control of a podiatric sports medicine fellowship program shall be sponsored by a hospital, college, academic health center, or medical practitioner. Appropriate clinical facilities shall be available for podiatric sports medicine fellowship training.**

Individuals and/or groups of individuals may sponsor podiatric sports medicine fellowship training programs provided they have appropriate medical credentials and access to adequate clinical training facilities.

Individuals and/or groups of individual sponsors must be members of the American Academy of Podiatric Sports Medicine (AAPSM).

1.2 **Institutions or individuals that co-sponsor a podiatric sports medicine fellowship training program shall define their relationship to one another to delineate the extent to which financial, administrative and teaching resources are to be shared.**

Each co-sponsoring institution has a contractual obligation to the podiatric sports medicine Fellow.

1.3 **When multiple institutions are utilized in fellowship training, each training site shall be formally linked to the sponsoring institution or individual(s) by a document delineating the relationship.**

When training at a secondary institution or clinical practice is less than 30 days (cumulative), participating institutions must indicate their respective training commitment either through a memorandum of understanding or a letter from the individual(s) responsible for providing the training experiences at the secondary institution.

When the training extends beyond 30 days at a secondary institution or in a clinical practice, a memorandum of understanding or affiliation agreement must be utilized. This document acknowledges the affiliation and delineates financial support (including Fellow liability) and educational contributions of each training site. The document is signed by the director or chief administrative officer of each participating institution and the director of the podiatric medicine fellowship training program.

- 1.4 The sponsoring institution or individual(s) shall ensure that the physical facilities, equipment and resources of the training sites(s) permit the achievement of the fellowship program's goals and objectives.**

Adequate patient treatment areas, adequate clinical resources and medical records system are to be available for fellowship training.

2.0 *The sponsoring institution formulates, publishes and implements policies affecting the podiatric sports medicine fellow.*

- 2.1 The sponsoring institution or individual(s) shall develop and make public recruitment, selection and retention criteria and procedures that assure nondiscriminatory treatment of all program candidates and participants. These criteria and procedures shall be premised upon principles that consider individual qualities and aptitudes with regard to the rights of all.**
- 2.2 The sponsoring institution or individual(s) shall publish a mechanism for the resolution of allegations of sexual harassment from program candidates and Fellows. The mechanism shall ensure due process to all individuals involved. The institution or individual(s) shall provide the fellow with a copy of the mechanism.**
- 2.3 The process of interviewing and selecting podiatric sports medicine fellows shall be conducted equitably and in accord with ethical standards.**
- 2.4 Applicant fees, if required, shall be paid to the sponsoring institution and shall be used only to recover costs associated with processing the application and conducting the interview process.**
- 2.5 The program shall inform all applicants as to the completeness of the application as well as the final disposition of the application (acceptance or denial).**
- 2.6 The sponsoring institution or individual(s) shall provide the podiatric sports medicine Fellow a written contract or letter of appointment. The contract/letter of appointment shall be signed by the chief administrative officer of the institution or individual program sponsor and the podiatric sports medicine fellow. The sponsoring institution or sponsoring individual(s) shall state in the contract or letter of appointment the amount of fellowship stipend to be paid for the entire period of training.**

When a letter of appointment is utilized, a confirmation of acceptance should be put in writing by the prospective sports medicine Fellow.

- 2.7** The sponsoring institution or individual(s) shall establish written rules and regulations for the conduct of the podiatric sports medicine fellow and shall ensure that the rules and regulations are distributed to and acknowledged in writing by the fellow prior to the start of the training period.
- 2.8** A mechanism of appeal that ensures due process for the Fellow and the sponsoring institution, should there be a dispute between the parties, shall be described by the sponsoring institution either in the contract/letter of appointment or as a separate written policy. The sponsoring institution shall ensure that the due process policies and procedures are distributed to and acknowledged in writing by the fellow prior to the start of the training period.
- 2.9** The sponsoring institution or individual(s) shall either provide professional liability insurance directly or ensure that such insurance has been obtained by the Fellow at the time the training commences. The professional liability insurance shall cover experiences at all training sites.
- When the sponsoring institution or individual(s) provides professional liability insurance coverage, the Fellow should be provided a copy of the face page of the insurance policy.
- 2.10** The sponsoring institution or individual(s) shall provide the Fellow a certificate verifying satisfactory completion of training requirements.
- The certificate should indicate that the sports medicine fellowship training program is approved by the American Academy of Podiatric Sports Medicine.
- 2.11** The sponsoring institution or individual(s) shall ensure that the sports medicine fellowship program is established and conducted in an ethical manner.
- 3.0** *The program has a well-defined administrative organization with clear lines of authority and a qualified teaching staff that enable the program to achieve stated goals and objectives.*
- 3.1** The sponsoring institution or individual(s) shall designate an individual to serve as director and administrator of the podiatric sports medicine fellowship program.

- 3.2 The director of the podiatric sports medicine fellowship program shall be a Fellow in the American Academy of Podiatric Sports Medicine and possess appropriate clinical, administrative, and teaching qualifications suitable for implementing the program and achieving stated goals and objectives.**
- 3.2 The director of the podiatric sports medicine program shall be provided proper authority by the sponsoring institution to fulfill the responsibilities required of the position.**
- 3.3 The director of the podiatric sports medicine program shall be responsible for administration of the podiatric sports medicine fellowship program in all participating institutions. Administration shall include the maintenance of records related to the educational program, communications with the American Academy of Podiatric Sports Medicine, scheduling of rotations, supervision and evaluation of the Fellow, evaluation of participating faculty, and periodic review and revision of curriculum content and program self-assessment. The director of the podiatric sports medicine program shall be able to devote sufficient time to fulfill responsibilities required of the position.**
- 3.4 The podiatric sports medicine fellowship program shall have a sufficient complement of podiatric and nonpodiatric medical faculty to implement program objectives and to supervise and evaluate the Fellow.**

Pertinent faculty members should participate in faculty development activities to improve teaching, research and evaluation skills.

- 3.5 Faculty members directly involved in the teaching program shall be qualified by education, training, experience and current clinical competence in the subject matter for which they are responsible.**
- 3.6 Faculty members with major responsibility for teaching the Fellow shall be fully aware of the program goals and objectives and shall be willing to contribute the required time and effort to the program.**

3.7 Adequate support staff shall be available to ensure efficient administration of the program.

The Fellow should not assume the responsibilities of nurses, podiatric medical assistants, or clerical personnel.

4.0 *The program has appropriate goals and objectives that are comprehensive and address the educational experiences identified by the American Academy of Podiatric Sports Medicine. Curricular components of the program shall demonstrate consistency with stated goals and objectives.*

4.1 Goals and objective's of the podiatric sports medicine fellowship program shall be developed in conjunction with appropriate individuals involved in the training program.

In development of the curriculum the Director of the Podiatric Sports Medicine Fellowship program shall consult with program faculty to determine realistic objectives for each podiatric and nonpodiatric rotation.

4.2 The podiatric sports medicine fellowship program shall have clearly stated goals that are appropriate for the fellowship program and consistent with expectations of the profession and the public.

Goals are long-range purposes that provide direction and philosophy for the program. Goals define those end results or outcomes to be achieved based on available resources. When taken collectively, constitute a realistic mission for the fellowship program, consistent with expectations of the profession and the public.

Goals are distinct from objectives. A clear statement of goals provides a basis for development of objectives for all aspects of the fellowship program.

4.3 The podiatric sports medicine fellowship program shall have clearly stated learning objectives that are appropriate for clinical rotations provided in the fellowship program. Learning objectives shall be statements that describe the knowledge, skills and attitudes that the Fellow is expected to acquire during training.

Objectives are short-term conditions to be achieved within a given period of time and provide measurable evidence of progress toward the achievement of the goals of the fellowship program. Objectives are brief statements of accomplishments expected to be realized and attained by the Fellow in the various clinical rotations. Objectives reflect resources

available for the Fellow's training at the sponsoring institution or clinical practice.

A prescribed set of clinical and/or didactic learning activities or tasks should accompany each objective to facilitate achievement of that objective by the Fellow.

4.4 The goals and objectives shall focus upon the educational development of the Fellow and shall not place undue emphasis on service or responsibility to individual faculty members.

4.5 The goals and objectives of the podiatric sports medicine fellowship shall be distributed at the beginning of the training period to all individuals involved in the training program.

4.6 The podiatric sports medicine fellowship program shall publish at the beginning of the training period a formal schedule of rotations.

The schedule is reviewed and modified as needed to ensure appropriate sequencing of the training experience.

4.7 The Fellow shall have access to adequate library resources, consisting of current podiatric and nonpodiatric medical texts, journals, audiovisual materials and medical reference materials.

Library resources may be located on-site or within close geographic proximity to the primary institution or clinical practice in which the fellowship training is located.

4.8 Formal didactic activities shall be integrated into the sports medicine fellowship training program. The schedule of formal activities shall be published and distributed to faculty and the fellow at the beginning of each training period.

Informal and teaching activities should be provided to complement the formal didactic training program. Activities such as computer-assisted instruction, video and audio tapes and continuing medical education seminars may supplement the formal didactic training program.

4.9 The podiatric sports medicine fellow shall prepare a written scientific research paper suitable for publication . This scientific research paper shall be completed prior to certification and completion of the training program.

The director of the fellowship program should establish deadlines for completion of the various phases of the research paper.

The research topic should be approved by the American Academy of Podiatric Sports Medicine Research Committee.

5.0 *The sports medicine fellowship program conducts appropriate evaluation, remediation, and self-assessment processes.*

5.1 The Fellow shall be evaluated in writing by the instructor responsible for the training at the completion of each rotation. An evaluation instrument form shall be used to document Fellow attainment of stated objectives in each rotation.

The written evaluation also may include assessment of the Fellow in areas such as communication skills, professional behavior, attitudes and initiative.

5.2 The evaluation document shall indicate the dates of the rotation and shall be signed and dated by the instructor of the rotation, the Fellow, and the director. The evaluation shall be reviewed with the Fellow by the director of the podiatric sports medicine fellowship following the completion of each rotation.

5.3 Established remediation methods to address instances of unsatisfactory Fellow performance shall be provided. Remediation methods and policies shall be distributed and acknowledged in writing by the Fellow prior to the start of the training program.

Remediation methods may include requiring the Fellow to repeat a rotation, spend additional hours in a clinic or complete additional assigned reading or other activity to facilitate achievement of stated objectives.

5.4 The program, its goals and objectives, its faculty and curriculum shall be evaluated annually. Information from the annual review shall be used in improving the program.

The review should determine whether the program is relevant to the stated goals and objectives, whether goals and objectives are being fulfilled. The

review should also determine the extent to which the didactic program enhances clinical training.

The fellow should provide the director an evaluation of each rotation at the completion of each rotation in written form. The fellow's evaluation may be utilized to assess and improve the effectiveness of the fellowship program in areas such as appropriateness of goals and objectives, strengths and weaknesses of the program, coordination of didactic and clinical experiences and effectiveness of the podiatric and nonpodiatric faculty.

The program director should ensure appropriate individuals are involved in the review process. The director should share outcomes of the evaluation process with program faculty and administration.

6.0 *The sponsoring institution or individual(s) reports to the American Academy of Podiatric Sports Medicine regarding conduct of the program on at least an annual basis.*

6.1 **The sponsoring institution or individual(s) shall report annually to the American Academy of Podiatric Sports Medicine in the following areas: *Fellows completing training, Fellows selected for training, changes in curriculum, and other information that may be requested by the American Academy of Podiatric Sports Medicine.***

6.2 **The sponsoring institution or individual(s) is responsible for informing the American Academy of Podiatric Sports Medicine within 30 days of changes in administration and curriculum of the program.**

The sponsoring institution or individual(s) is responsible for informing the American Academy of Podiatric Sports Medicine of changes in areas including, but not limited to, sponsorship, director of the program, training sites, curriculum, adverse disciplinary action, Fellow selection, Fellow transfer or Fellow termination.

PODIATRIC SPORTS MEDICINE FELLOWSHIP–6 MONTHS (PSMF-6)

10.0 The PSMF-6 consists of 6 months of post-doctoral training sponsored by and primarily conducted in a health care institution or clinical practice in which the Fellow receives training in treatment of the Sports Medicine patient.

10.1 The PSMF-6 shall be recognized as a distinct educational program by the sponsoring institution or individual(s).

10.2 The sponsoring institution or individual(s) shall require that the Fellow maintain an activity log. The log shall be submitted at least quarterly to the program director for review. The activity log shall document the Fellow's clinical experience and provide information with respect to the scope of clinical training.

The Fellow's activity log should be signed by the administrator of the sponsoring institution and/or the Sports Medicine Fellowship Program Director upon the Fellow's completion of the program in order to verify training experiences.

11.0 The PSMF-6 includes clinical rotations in various podiatric and nonpodiatric medical services.

The core clinical rotations include 1) Physical Therapy/Athletic Training and 2) Orthopedics. The other clinical rotations may be selected from those listed in 11.3 or developed by the individual program based upon available training resources.

Training experiences include the following:

11.1 Physical Therapy/Athletic Training: This rotation

shall include direct participation by the Fellow in care of the Sports Medicine patient.

Training experiences may include, but not be limited to, the following areas:

- a. Performing clinical evaluations with emphasis on muscle testing and joint range of motion of the back, hip, knee, ankle and foot.
- b. Knowledge of indications and ability to perform stretching exercises for the lower extremity.
- c. Knowledge of safety guidelines, indications, contraindications, for muscle strengthening exercises and ability to demonstrate proper technique for strengthening programs of the lower extremity.
- d. Knowledge of indications and ability to demonstrate proper technique for massage, manual therapy and joint mobilization.
- e. Performing the following treatment modalities: ice, heat, whirlpool, electrical stimulation, TENS, neuroprobe, MENS, cryotemp, paraffin, ultrasound, phonophoresis, and ionophoresis.
- f. Knowledge of indications and ability to perform the following taping techniques: Patellar Taping, Shin-splint achilles taping, Ankle Taping (Acute and Prophylactic), Low-Dye, and digital Taping.
- g. Identify principles and indications associated with comprehensive rehabilitation programs and demonstrate the ability to design and critique specific rehabilitation programs for the following sports medicine problems: Patellofemoral Pain Syndrome, Achilles tendonitis, Plantar Fasciitis, Ankle Tendonitis, and Shin Splints (Tibial Fasciitis), Ankle Sprains, and Muscle Strain/Rupture.
- h. Familiarity with principles, indications, progression, and expected results as well as ability to use free weights, tubing,

pulleys, Orthotron, Cybex, Biodex, Fitron, myoexerciser, and plyometric training.

- i. Perform and interpret isokenetic testing.
- j. Knowledge of the principles and implementation of proprioceptive training including functional testing and assessment and the identification of proprioceptive deficits.

11.2 Orthopedics: This rotation shall include direct participation of the Fellow.

Training experiences may include, but not be limited to, the following areas:

- a. Performing clinical orthopedic evaluation of the upper extremities, low back, hip, knee, leg, ankle and foot.
- b. Performing open and closed reduction of lower extremity fractures/dislocations under supervision.
- c. Performing lower extremity splinting and bracing.
- d. Familiarity with indications and limitations of rehabilitation programs for common orthopedic disorders.
- e. Recognizing the role of the Physiatrist in evaluation and management of lower extremity disorders.
- f. Knowledge of principles associated with orthopedic concerns in the skeletally immature athlete, geriatric athlete, and female athlete.

11.3 Other Clinical Rotations: Other clinical rotations shall be provided and include direct participation by the podiatric sports medicine fellow.

Other clinical rotations may include, but not be limited to, training in the following areas:

Pedorthics

- a. Understanding of shoe anatomy and construction
- b. Recognizing the role of footwear in the contribution and prevention of injury in the athlete and demonstrate the ability to recommend footwear based on foot type, body type, injury patterns and biomechanical requirements of the patient.
- c. Perform common internal and external shoe modification procedures.
- d. Familiarity with principles and use of AFO bracing in the athlete.
- e. Prescribing and, as required, the fabrication of over-the-counter, rigid, and Accommodative Orthosis.

Primary Care Sports Medicine

- a. Perform a history and physical examination of the athlete.
- b. Familiarity with the principles of evaluation of nutritional problems in the athlete.
- c. Understanding the correlation between systemic diseases and their lower extremity manifestations.
- d. Ability to develop a differential diagnosis of common skin conditions in the athlete.
- e. Perform evaluation of the physiological and cardiovascular conditioning status in the athlete.
- f. Ability to develop and initiate an exercise program.
- g. Familiarity with the principles of diagnosis and medical management associated with female triad issues in the female athlete.
- h. Understand the principles and concerns associated with pediatric athletic participation.
- i. Ability to recommend appropriate preventative and safety measures associated with athletic training, psychological preparation for competition, equipment and other risk factors.

Neurology

- a. Perform a complete neurological examination.
- b. Understand pathogenesis of common lower extremity neurological diseases.
- c. Understand indications for tests such as nerve conduction, EMG, etc..

Dermatology

- a. Knowledge of diagnosis and treatment of general dermatological conditions.
- b. Knowledge of topical and oral medication used for treatment of dermatological conditions.
- c. Participating in diagnosing skin conditions related to the lower extremity and medical conditions associated with some of these skin manifestations.
- d. Participating in and/or observing skin procedures such as biopsy, curettage, etc..
- e. Identifying fungal cultures and biopsy slides.

Rheumatology

- a. Exposure to clinical and radiologic diagnosis and interpreting common rheumatologic disorders.
- b. Interpreting laboratory test associated with rheumatologic disease.
- c. Analyzing synovial fluid and its diagnostic ramifications.
- d. Exposure to pharmacologic basis for therapy of rheumatologic disorders.
- e. Familiarity with rehabilitative therapy for rheumatologic disorders.

Medical Imaging

- a. Indications, performing and interpreting foot and ankle radiographs.
- b. Indications, performing and interpreting stress ankle x-rays and various arthrographic techniques.
- c. Familiarity with the appropriate indications for various diagnostic techniques such as ultrasound, radionuclide scanning, magnetic resonance imaging and CT scanning.
- d. Familiarity with techniques and indications for lower extremity arteriographic studies.
- e. Recognizing common benign and malignant bone tumors.

Pain Management

- b. Familiarity with commonly used diagnostic modalities and techniques for evaluation of pain symptoms.
- b. Understanding of diagnostic and therapeutic use of commonly prescribed pharmacologic agents for pain.
- c. Familiarity with psychological parameters associated with the management of pain.
- d. Understanding of common methods used in management of chronic pain.

Exercise Physiology

- a. Familiarity with principles of cardiovascular conditioning, training guidelines, methods of measuring fitness and exercise prescription guidelines.
- b. Ability to design and prescribe alternative exercise programs for the injured athlete to maintain cardiovascular fitness throughout rehabilitation.
- c. Understanding of cross-training techniques for muscle balancing and re-education.
- d. Ability to design a return to activity program and make recommendations for safe progression of the exercise program for the athlete.
- e. Identify training errors contributing to injury and understand the relationship frequency, duration and intensity variations.

Pediatric Sports Medicine

- a. Identify specific lower extremity injury patterns peculiar to the pediatric athlete.
- b. Understanding of the complete evaluation, recognition and treatment of epiphyseal injuries.
- c. Understanding footwear considerations unique to the pediatric athletic patient population and sports activity participation common to the pediatric athlete.
- d. Knowledge of development norms, anthropometric changes, and developmental guidelines associated with the growing child and adolescent.
- e. Knowledge of biomechanical demands and peculiarities associated with popular pediatric sports activities (i.e. soccer, hockey, skateboard, baseball, football, and basketball).

**PODIATRIC SPORTS MEDICINE FELLOWSHIP–12 MONTHS
(PSMF-12)**

12.0 The PSMF-12 consists of 12 months of post-doctoral training sponsored by and primarily conducted in a health care institution or clinical practice in which the Fellow receives training in treatment of the Sports Medicine patient.

12.1 The PSMF-12 shall be recognized as a distinct educational program by the sponsoring institution or individual(s).

12.2 The sponsoring institution or individual(s) shall require that the Fellow maintain an activity log. The log shall be submitted at least quarterly to the program director for review. The activity log shall document the Fellow's clinical experience and provide information with respect to the scope of the clinical training.

The Fellow's activity log should be signed by the administrator of the sponsoring institution and/or the Sports Medicine Fellowship Program Director upon the Fellow's completion of the program in order to verify training experiences.

13.0 The PSMF-12 includes clinical rotations in various podiatric and nonpodiatric medical services.

The core clinical rotations include 1) Physical Therapy/Athletic Training, 2) Orthopedics, 3) Podiatry, and 4) Primary Care Sports Medicine. The other clinical rotations may be selected from those listed in 13.5 or developed by the individual program based upon available training resources.

Training experiences include the following:

13.1 Physical Therapy/Athletic Training: This rotation

shall include direct participation by the Fellow in care of the sports medicine patient.

Training experiences may include, but not be limited to, the following areas:

- a. Performing clinical evaluations with emphasis on muscle testing and joint range of motion of the back, hip, knee, ankle and foot.
- b. Knowledge of indications and ability to perform stretching exercises for the lower extremity.
- c. Knowledge of safety guidelines, indications, contraindications for muscle strengthening exercises and ability to demonstrate proper technique for strengthening programs of the lower extremity.
- d. Knowledge of indications and ability to demonstrate proper technique for massage, manual therapy and joint mobilization.
- e. Performing the following treatment modalities: ice, heat, whirlpool, electrical stimulation, TENS, neuroprobe, MENS, Crotamp, Paraffin, Ultrasound, phonophoresis, and Ionophoresis.
- f. Knowledge of indications and ability to perform the following taping techniques: Patellar Taping, Shin-splint taping, Ankle Taping (Acute and Prophylactic), Low-Dye, and digital Taping.
- g. Identify principles and indications associated with comprehensive rehabilitation programs and demonstrate the ability to design and critique specific rehabilitation programs for the following sports medicine problems: Patellofemoral Pain Syndrome, Achilles tendonitis, Plantar Fasciitis, Ankle Tendonitis, and Shin Splints (Tibial Fasciitis), Ankle Sprains, and Muscle Strain/Rupture.

- h. Familiarity with principles, indications, progression, and expected results as well as ability to use free weights, tubing, pulleys, orhtotron, cybex, biodex, fitron, myoexerciser, and plyometric training.
- i. Perform and interpret isokenetic testing.
- j. Knowledge of the principles and implementation of proprioceptive training including functional testing and assessment and identification of proprioceptive deficits.

13.2 Orthopedics: This rotation shall include direct participation of the Fellow.

Training experiences may include, but not be limited to,
The following areas:

- a. Performing clinical orthopedic evaluation of the upper extremities, low back, hip, knee, leg, ankle and foot.
- b. Performing open and closed reduction of lower extremity fractures/dislocations under supervision.
- c. Performing lower extremity splinting and bracing.
- d. Familiarity with indications and limitations of rehabilitation programs for common orthopedic disorders.
- e. Recognizing the role of the Physiatrist in evaluation and management of lower extremity disorders.
- f. Knowledge of principles associated with orthopedic concerns in the skeletally immature athlete, geriatric athlete, and the female athlete.

13.3 Pedorthics: This rotation shall include direct participation by

the podiatric sports medicine fellow.

Training experiences may include, but not be limited to, the following areas:

- a. Understanding of shoe anatomy and construction
- b. Recognizing the role of footwear in the contribution and prevention of injury in the athlete and demonstrate the ability to recommend footwear based on foot type, body type, injury patterns and biomechanical requirements of the patient.
- c. Perform common internal and external shoe modification procedures.
- d. Familiarity with principles and use of AFO bracing in the athlete.
- e. Prescribing and, as required, the fabrication of Over-the-Counter, Rigid, and Accommodative Orthosis.

13.4 Primary Care Sports Medicine: This rotation shall include direct participation of the podiatric sports medicine fellow in care of the sports medicine patient.

- a. Perform a history and physical examination of the athlete.
- b. Familiarity with the principles of evaluation of nutritional problems in the athlete.
- c. Understanding the correlation between systemic diseases and their lower extremity manifestations.
- d. Ability to develop a differential diagnosis of common skin conditions in the athlete.
- e. Perform evaluation of the physiological and cardiovascular conditioning status in the athlete.
- f. Ability to develop and initiate and exercise program.
- g. Familiarity with the principles of diagnosis and medical management associate with female triad issues in the female athlete.
- h. Understanding of the principles and concerns associated with pediatric athletic participation.

- i. Ability to recommend appropriate preventative and safety measures associated with athletic training, psychological preparation for competition, equipment and other risk factors.

13.5 Other Clinical Rotations: Other clinical rotations shall be provided and include direct participation by the podiatric sports medicine fellow.

Other clinical rotations may include, but not be limited to, training in the following areas:

Neurology

- a. Performing a neurological examination.
- b. Understanding pathogenesis of common lower extremity neurological diseases.
- c. Understanding indications for tests such as nerve conduction, EMG, etc..

Dermatology

- a. Knowledge of diagnosis and treatment of general dermatological conditions.
- b. Knowledge of topical and oral medication used for treatment of dermatological conditions.
- c. Participating in diagnosing skin conditions related to the lower extremity and medical conditions associated with some of these skin manifestations.
- d. Participating in and/or observing skin procedures such as biopsy, curettage, etc..
- e. Identifying fungal cultures and biopsy slides.

Rheumatology

- a. Exposure to clinical and radiologic diagnosis and interpreting common rheumatologic disorders.
- b. Interpreting laboratory test associated with rheumatologic disease.
- c. Analyzing synovial fluid and its diagnostic ramifications.
- d. Exposure to pharmacologic basis for therapy of rheumatologic disorders.
- e. Familiarity with rehabilitative therapy for rheumatologic disorders.

Medical Imaging

- a. Performing and interpreting foot and ankle radiographs.
- b. Performing and interpreting stress ankle x-rays and various arthrographic techniques.
- c. Familiarity with the appropriate indications for various diagnostic techniques such as ultrasound, radionuclide scanning, magnetic resonance imaging and CT scanning.
- d. Familiarity with techniques and indications for lower extremity arteriographic studies.
- e. Recognizing common benign and malignant bone tumors.

Pain Management

- a. Familiarity with commonly used diagnostic modalities and techniques for evaluation of pain symptoms.
- b. Understanding of diagnostic and therapeutic use of commonly prescribed pharmacologic agents for pain.
- c. Familiarity with psychological parameters associated with the management of pain.
- d. Understanding of common methods used in management of chronic pain.

Exercise Physiology

- f. Familiarity with principles of cardiovascular conditioning, training guidelines, methods of measuring fitness and exercise prescription guidelines.
- g. Ability to design and prescribe alternative exercise programs for the injured athlete to maintain cardiovascular fitness throughout rehabilitation.
- h. Understanding of cross-training techniques for muscle balancing and re-education.
- i. Ability to design a return to activity program and make recommendations for safe progression of the exercise program for the athlete.
- j. Identify training errors contributing to injury and understand the relationship frequency, duration and intensity variations.

Pediatric Sports Medicine

- f. Identify specific lower extremity injury patterns peculiar to the pediatric athlete.
- g. Understanding of the complete evaluation, recognition and treatment of epiphyseal injuries.
- h. Understanding footwear considerations unique to the pediatric athletic patient population and sports activity participation common to the pediatric athlete.
- i. Knowledge of development norms, anthropometric changes, and developmental guidelines associated with the growing child and adolescent.
- j. Knowledge of biomechanical demands and peculiarities associated with popular pediatric sports activities (i.e. soccer, hockey, skateboard, baseball, football, and basketball).