Rehabilitation Institute of Chicago and Northwestern University PM&R Sports Fellowship

Dear Fellowship Applicant,
Thank you for your interest in our Spine and Sports Fellowship at the Rehabilitation Institute of Chicago and Northwestern University. July 2011 will mark the start of the 19th year of this program. The fellowship is twelve months in duration and includes clinical, teaching, and research experiences. Beginning in July of 2011, the fellowship is ACGME-accredited in sports medicine so resident physicians completing this fellowship will be eligible to take the subspecialty board exam for sports medicine. Beginning in July 2012, opportunities will be available for a musculoskeletal research fellowship. This will include one year of intensive training with mentoring for a career in musculoskeletal research. At least 75% of the fellowship time will be engaged in active research and research training.

Requirements for the sports and spine fellowship at our institution include:
1. Completion of an ACGME-accredited Physical Medicine & Rehabilitation residency
2. Completed application form
3. Curriculum vitae
4. Three letters of recommendation (at least two must be from your academic institution)

Elective rotations at our institution are not required to be considered for the fellowship.

Applications will be accepted after May 1st and are due September 1st.

Interviews will be granted only following receipt of all application materials. Interviews will take place at our Spine and Sports Clinic or at the American Academy of Physical Medicine and Rehabilitation (AAPM&R) Annual Assembly, which occurs in the fall each year.

Selection of the fellow will occur via the National Resident Matching Program (NRMP).

Submit your application at:
http://www.feinberg.northwestern.edu/depts/pmr/fellowships/fellowshipapp.html

For further questions about the fellowship application process, contact Rita Bailey, Physician Fellowship Coordinator, Rehabilitation Institute of Chicago by email at rbailey@ric.org .
You may contact Joe Ihm at jihm1@ric.org or 312-238-7719 if you have any questions about didactics/content of the fellowship. Once again, we thank you for your interest in our program. We hope that the following outline provides you some details of the curriculum.

Joseph Ihm, MD
Attending Physiatrist, Spine & Sports Rehabilitation Center, RIC
Assistant Professor, Northwestern Feinberg School of Medicine, Dept PM&R
RIC/NU Sports Medicine Fellowship Director
Joel Press, MD
Medical Director & Attending Physiatrist, Spine & Sports Rehabilitation Center, RIC
Professor, Northwestern Feinberg School of Medicine, Dept PM&R

MISSION OF THE RIC SPORTS & SPINE FELLOWSHIPS

To provide musculoskeletal education to academically inclined physiatrists who wish to bring clinical excellence to other academic centers.

FELLOW CURRICULUM & EXPECTATIONS

EDUCATION

1. Clinical Education
    a. Spend the majority of 12 months at 1-2 Spine and Sports Rehabilitation Clinics (SSRC) at the Rehabilitation Institute of Chicago
    b. Spend ½ day per week for six months with primary care physicians who see sports-related injuries and diseases
    c. Cover team sports at Northwestern University and mass sporting events, such as the Chicago Marathon
    d. Gain exposure to acute, subacute, and chronic musculoskeletal pathology
    e. Opportunity to learn fluoroscopically guided spinal injections under direct attending supervision at scheduled clinics
    f. Opportunity to set up elective time with orthopedic surgeons and other physiatrists at RIC
2. Teaching responsibilities
    a. Organize and plan for weekly Spine & Sports journal club
    b. Supervise residents presenting at Sports & Spine journal club
    c. Attend Resident Spine & Sports Conference, which occurs from the fall to the spring of each academic year
    d. Prepare for and give lectures for Kinesiology section of the resident Sports & Spine Conference
    e. Prepare for and give lectures for the musculoskeletal Anatomy section of the resident Anatomy Conference
    f. Prepare for and give lectures for the Physical Exam section of the resident curriculum
    g. Review rotation objectives with the PGY-3 and PGY-4 residents on the Spine and Sports Medicine Rotation
3. Coordinate Neuroradiology Spine Conference monthly
4. Opportunity to attend major academic conferences (AAPM&R, NASS, ACSM, AAP); fellowship director will allocate an educational budget for conferences desired
5. Each fellow has available book stipend
6. Opportunity to attend RIC Academy sponsored courses at discounted rate (e.g., Sports & Spine Symposium)
7. Fellows are considered PGY-5 residents of the Northwestern McGaw Center and are expected to follow the guidelines of the Northwestern McGaw Center for Graduate Medical Education policies. For more information, see http://www.gme.northwestern.edu/programdirectors/housestaff_manual/index.html

SCHOLARLY ACTIVITY

1. Adopt and work on a musculoskeletal research project at RIC/Northwestern
2. Present research project at the Resident & Fellow Research Day (June)
3. Opportunity to write a publishable chapter or article by the end of the academic year
4. Present research or case report at national meeting (e.g., ACSM, AAP, or AAPMR)

PRIOR RIC PHYSIATRIC SPINE & SPORTS FELLOWS (Current Affiliation):

1. 1993-94: Nick Olson – Colorado
2. 1994-95: Marc Sherman – Texas
3. 1995-96: Brian Casazza – Georgia
4. 1996-98: Anne Zeni Hoch* (Medical College of Wisconsin)
5. 1997-98: Venu Akuthota* (University Spine Center Director, University of Colorado)
6. 1998-99: Stuart Willick* (Director, Spine and Sports Program, University of Utah)
7. 1999-00: Larry Chou (Premier Orthopedics, Philadelphia, PA)
8. 2000-01: Paul Lento* (Temple University)
9. 2001-02: Ed Hanada* (Dalhousie University, Halifax, Nova Scotia)
10. 2002-03: Jennifer Reed* (Spine Center Director, Eastern Virginia Medical School)
11. 2003-04: Lee Wolfer (San Francisco, California)
12. 2004-05: Brad Sorosky (Arizona Pain Institute)
13. 2005-06: Wesley Smeal (Alegent Health Sports and Spine, Nebraska)
14. 2006-07: Gary P. Chimes* (University of Pittsburgh) and Jim Mclean (deceased)
15. 2007-08: Paula Dawson* (University Hospital of the West Indies, Jamaica) and Shana Margolis* (Rehabilitation Institute of Chicago)
16. 2008-09: D.J. Kennedy* (University of Florida) and Chris Visco* (Columbia/Cornell Medical Center, NYC)
17. 2009-10: Ellen Casey* (Rehabilitation Institute of Chicago) and Kevin Carneiro* (University of North Carolina)
18. 2010-11: Jason Hu and James Sigler – current fellows

* Academic positions

Staff doctors you will be working with include:

• Joel Press, MD • Ellen Casey, MD • Joseph Ihm, MD • Monica Rho, MD • Andrew Hendrix, MD

Northwestern Feinberg School of Medicine and Rehabilitation Institute of Chicago

Sports Medicine Fellowship

Skills and Competencies

Patient Care

1. Gather essential and accurate patient information.
2. Develop and implement patient management plans.
3. Perform competently all medical procedures, and provide services and patient education aimed at preventing secondary complications.
4. Determine appropriateness of and indications for diagnostic and therapeutic interventions.
5. Identify indications for imaging, and electrodiagnostic studies.
6. Identify indications for peripheral joint injection treatment.
7. Identify indications for ordering fluoroscopically guided spinal injections, and be able to describe level and routes.
8. Understand risks of injection treatments to patients, and be able to consent a patient for injection.
9. Compose a therapeutic exercise prescription.
10. Identify conditions that require surgical referral.
11. Demonstrate the role of the physiatrist and the concept of the team approach to care, working effectively/collaboratively as leader of the team.
12. Communicate effectively and demonstrate caring/respectful behaviors with patients and staff.
13. Be able to perform peripheral joint and soft tissue injections under sterile technique safely.
14. Be able to perform spinal injection procedures under sterile technique safely.
15. Use fluoroscopy during procedure in a safe manner.
16. Gain exposure to ultrasound-guided injections.
17. Understand the role for complementary/alternative medicine.
18. Be a well-rounded sports medicine physician who can care for athletes throughout the spectrum of life from children through the geriatric years.
19. Be able to function as a team physician.
20. Be able to provide an appropriate assessment and care in a sports medicine emergency.
21. Understand principles of musculoskeletal injury prevention.
22. Evaluate and treat patient problems independently and without supervision.

Medical Knowledge

1. Generate a differential diagnosis for patients presenting with acute and chronic sports medicine injuries and other regional pain complaints.
2. Demonstrate knowledge of the biologic basis for tissue injury and repair.
3. Demonstrate knowledge of biologic pain mechanisms.
4. Understand kinesiology principles of the spine, shoulder, knee, ankle, foot.
5. Understand basics of reading imaging studies (plain films, MRI, and CT) of peripheral joints, spine and long bones.
6. Understand anatomy of the musculoskeletal system in detail and how each muscle functions to move and support the joint which it affects.
7. Understand physiologic effect of exercise on soft tissues.
8. Understand physiologic effect of therapeutic modalities on soft tissues.
9. Understand the degenerative cascade of the spine.
10. Understand manual and functional rehabilitation approaches.
11. Name expected effects and side effects of commonly used oral and injected medications.

Practice Based Learning and Improvement

1. Identify strengths, deficiencies, and limits in your knowledge and expertise.
2. Set learning and improvement goals.
3. Demonstrate that you can locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
4. Use information technology to optimize learning.
5. Actively participate in the education of others, including residents, health care providers and patients.

System Based Practice

1. Understand financial and quality of life implications for the patient and society.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers as appropriate to assess, coordinate, and improve health care and how these activities impact system performance.
4. Demonstrate understanding of how potential lost income or desire to return-to-play affects management decisions for patients with musculoskeletal injuries.
5. Demonstrate understanding of how a patient's insurance status or income affects patient management decisions.
6. Be able to develop and implement a screening preparticipation physical for a sports medicine population.
7. Be able to develop and implement a plan for medical coverage of a mass-participation sporting event.
8. Use diagnostic and therapeutic procedures judiciously.

Professionalism

1. Practice medicine with high ethical and moral standards.
2. Exemplify core humanistic values (honesty, integrity, caring, compassion, altruism, empathy, respect for others, trustworthiness).
3. Accept responsibility for own actions and decisions.
4. Apply ethical principles in obtaining informed consent.

Interpersonal skills and communication

1. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
2. Present material clearly and accurately to patients, coaches, athletic trainers, other sports medicine team members, and referring providers using effective verbal and non-verbal skills.
3. Communicate effectively with the support staff.