Dear Fellowship Applicant,

Thank you for your interest in our Spine and Sports Fellowship at the Rehabilitation Institute of Chicago and Northwestern Feinberg School of Medicine. July 2015 will mark the start of the 23rd year of this program. The fellowship is twelve months in duration and includes clinical, teaching, and research experiences. The fellowship is ACGME-accredited in sports medicine so physicians completing this fellowship will be eligible to take the subspecialty board exam for sports medicine. There is also an opportunity to apply for a 2-year musculoskeletal research fellowship. This will include one year of the clinical sports medicine fellowship and one year of intensive training with mentoring for a career in musculoskeletal research. Elective rotations at our institution are not required to be considered for the fellowship.

Requirements for the spine and sports fellowship at our institution include:

1. Completion of an ACGME-or RCPSC-accredited residency in emergency medicine, family medicine, internal medicine, pediatrics, or physical medicine and rehabilitation
2. Completed application form
3. Curriculum vitae
4. Three letters of recommendation (at least two must be from your academic institution)

Applications will be accepted after May 1st and the deadline is August 1st, 2015.

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 the website for the Electronic Residency Application Service (ERAS):
https://www.aamc.org/students/medstudents/eras/

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.

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 M. Press, M.D.
Reva and David Logan Distinguished Chair of Musculoskeletal Rehabilitation
MISSION OF THE RIC SPINE AND SPORTS FELLOWSHIP
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)
5. Attend RIC Spine Injection Course and Ultrasound Course during fellowship year
6. Each fellow has a book stipend
7. Opportunity to attend RIC Academy sponsored courses at discounted rate (e.g., Sports & Spine Symposium)
8. 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://mcgaw.northwestern.edu/current-housestaff/housestaff-manual.

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)
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* (Stanford University) and Chris Visco* (Columbia/Cornell Medical Center, NYC)
17. 2009-10: Ellen Casey* (Drexel, Philadelphia, PA) and Kevin Carneiro* (University of North Carolina)
18. 2010-11: Jason Hu* (New York Hospital of Queens - Weill Cornell Medical College) and James Sigler* (University of Kansas Medical Center)
19. 2011-12: Farah Hameed* (NewYork-Presbyterian Hospital/Columbia University Medical Center) and Cindy Lin* (Changi General Hospital, Department of Rehabilitation Medicine, Singapore)
20. 2012-13: Bryan Murtaugh* (NRH, Washington, DC) and Fariba Shah (Banner Health, Phoenix, AZ)
21. 2013-14: Cheri Blauwet* (Spaulding, Boston, MA) and Maria Reese* (RIC)
22. 2014-15: David Woznica and Melinda Loveless (current fellows)
* Academic positions

Faculty physicians you will be working with include:
• Joel Press, MD • Maria Reese, MD • Joseph Ihm, MD • Monica Rho, MD • Dan Blatz, MD • Andrew Hendrix, MD
Rehabilitation Institute of Chicago and Northwestern Feinberg School of Medicine

Sports Medicine Fellowship

Skills and Competencies

Patient Care

2. Develop and implement patient management plans.
3. Perform competently all medical procedures, and provide services and patient education aimed at preventing secondary complications.
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.
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.
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.
8. Understand physiologic effect of therapeutic modalities on soft tissues.
9. Understand the degenerative cascade of the spine.
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.