



**MSK – Sports Medicine**

NGMC- Family Medicine Residency Program  
Gainesville, Ga

**PGY: 1, 2, 3**

**Description of Rotation:**

This is a two-to-four-week block Sports medicine experience with board certified family medicine/ pediatric attendings with CAQ in sports medicine and with orthopedic physicians. The sports medicine rotation will be a combination of experiences with sports medicine clinics, training room experience, and musculoskeletal radiology. This two-week structure will be balanced against rheumatology and therefore will help the resident differentiate musculoskeletal from rheumatologic diagnoses.

Along with the block experience, residents will have experience in their PGY1 year with attending to patients on the sidelines, doing preparticipation exams (PPE) in the spring and at BLACK and BLUE clinics throughout the fall season. Resident will be assigned 2+ PPE days during the spring.

**Overall Goal of Sports Medicine PGY1, 2, 3 Rotation:**

During this rotation, PGY1, 2, 3 residents will gain the knowledge and develop the skills to evaluate, diagnose, and manage common sports medicine and musculoskeletal disorders.

**Rotation Location(s):**

NGPG Sports Medicine – Gainesville 1315 Jesse Jewell Pkwy NE, Ste 300 Gainesville, GA 30501	NGPG Sports Medicine – Dahl. 73 Maxwell Ln Dahlonega, GA 30533	NGPG Sports Medicine – Daws. 108 Prominence Ct, Suite 100 Dawsonville, GA 30534
NGPG Sports Medicine – Braselton 1404 River Pl, Suite 401 Braselton, GA 30517	NGPG Sports Medicine – W. Jack. 26 West Jackson Commons Dr Hoschton, GA 30548	NGPG Sports Medicine – Beth. 426 Exchange Blvd, Suite 600 Bethlehem, GA 30620
NGPG Sport Medicine – Cleveland 2578 Helen Hwy Cleveland, GA 30528	Brenau University – Athletics 500 Washington St SE Gainesville, GA 30501	Truett McConnell Univ. – Athletics 100 Alumni Dr Cleveland, GA 30528

**Preceptor(s):** Christopher Huckle, DO      William Primos, MD      Kaitlyn Vann, DO      C.J. Rolison, MD

**Sample PGY 2 Rotation Schedule**

M	T	W	TH	F	Sat	Sun
Sports medicine clinic	FMC	FMC	Sports medicine clinic	Training Room	FM IP Call	Call two weekends a month.
Sports medicine clinic	FMC	Didactic Half Day	Sports medicine clinic	Training Room	FM IP Call	Call two weekends a month.



<b>Patient Care</b>	
PGY level	By the end of the rotation the resident will be able to:
1-3	Assess acutely ill, unstable, and injured patients in a timely fashion. <b>(PC-1; L1)</b>
1-3	Gather focused, essential, and accurate information about the patient, which may be from multiple sources. <b>(PC-1; L1)</b>
1-3	Perform physical examinations commonly encountered in the sports medicine setting – including office and sideline. <b>(PC-5; L1)</b>

<b>Medical Knowledge Objectives and Competencies</b>	
PGY level	By the end of the rotation the resident will be able to:
1-3	Demonstrate ability to improve medical knowledge. <b>(MK-1; L1)</b>
1-3	Demonstrates ability to perform and interpret basic clinical tests and images <b>(MK-2; L1)</b>
1-3	Evaluate and manage common symptoms as well as common diagnoses in patients presenting emergently and urgently <b>(MK-2; L2)</b> <ul style="list-style-type: none"><li>a. Trauma</li><li>b. Acute compartment syndrome</li><li>c. Spinal cord injury</li><li>d. Concussions</li><li>e. Arthritis</li><li>f. Apophysitis</li><li>g. Rehabilitation</li><li>h. Prevention: PPE, injury prevention, conditioning/training, exercise prescription, bone loss</li><li>i. Surgical assistance</li><li>j. Acute Musculoskeletal Disorders</li></ul>

<b>Interpersonal and Communication Skills</b>	
PGY level	By the end of the rotation the resident will be able to:
1-3	Develop rapport and builds therapeutic relationships with patients <b>(ICS-1; L1)</b>
1-3	Communicate effectively with patients and families. <b>(ICS-1; L4)</b>
1-3	Communicate effectively with physician colleagues at all levels <b>(ICS-2; L1)</b>
1-3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. <b>(ICS-2; L2)</b>
1-3	Present information concisely and clearly both verbally and in writing on patients. <b>(ICS-3; L1)</b>

<b>Systems Based Practice Objectives and Competencies</b>	
PGY level	By the end of the rotation the resident will be able to:
1-3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. <b>(SBP-2; L1)</b>
1-3	Use evidence based and cost-effective diagnostic and treatment strategies. <b>(SBP-3; L2)</b>
1-3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. <b>(SBP-3; L2)</b>
1-3	Describe when to ask for help and advice from senior residents and attending physicians. <b>(SBP-2; L2)</b>
1-3	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients <b>(SBP-2; L2)</b>



1-3	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. <b>(SBP-2; L1)</b>
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<b>Practice Based Learning and Improvement Objectives and Competencies</b>	
PGY level	By the end of the rotation the resident will be able to:
1-3	Demonstrate commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine <b>(PBLI-1; L1)</b>
1-3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. <b>(PBLI-2; L1)</b>
1-3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change <b>(PBLI-2; L2)</b>

<b>Professionalism Objectives and Competencies</b>	
PGY level	By the end of the rotation the resident will be able to:
1-3	Acceptance of professional responsibility as the primary care physician for patients under his/her care <b>(PROF-2; L1)</b>
1-3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes <b>(PROF-1; L1)</b>
1-3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures <b>(PROF-1; L2)</b>
1-3	Display professionalism through integrity, altruism and resolving conflict of interest. <b>(PROF-1; L2)</b>

<b>Osteopathic Objectives and Competencies:</b>	
	By the end of the rotation/residency:
	Perform an accurate and complete structural and physical exam including somatic dysfunction <b>(PC1)</b>
	Be able to independently apply direct and indirect OMT to the clinical scenario that is presented <b>(PC2)</b>
	Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc) <b>(MK1)</b>
	Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes: <ul style="list-style-type: none"> <li>• 1. The body is a unit; the person is a unit of body, mind, and spirit.</li> <li>• 2. The body is capable of self-regulation, self-healing, and health maintenance.</li> <li>• 3. Structure and function are reciprocally interrelated.</li> <li>• 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.” <b>(MK2)</b></li> </ul>
	Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. <b>(SBP3)</b>
	Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. <b>(ISC1)</b>



Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Sports Medicine Journal Club	Guided Research (per SM faculty)

Procedures/Skills Taught (PC5)	
Joint aspirations/injections	Simple fracture care
Local anesthesia/Digital block	X-Ray reading
Splinting	PPE (Pre-Participation Exam)
Dislocation reduction	

Supervision/Evaluation:
Resident will work one-on-one and be supervised by board certified family medicine physicians with CAQ in sports medicine and with board certified orthopedic physicians. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods	
Direct Observation	Procedure evaluation
End of Rotation Evaluation	Chart Review
Case Log	Procedure Log

EPA's
(EPA 5) Provide care that speeds recovery from illness and improves function.
(EPA 9) Diagnose and manage acute illness and injury.
(EPA 10) Perform common procedures in the outpatient setting.
(EPA 20) Coordinate care and evaluate specialty consultation as the condition of the patient requires.

Residency Outcomes
9. Perform the <i>procedures</i> most frequently needed by patients in continuity and hospital practices
11. Practice as personal physicians, to include <i>musculoskeletal health and sports medicine, appropriate medication use and coordination of care</i> by helping patients navigate a complex health system



Resources: Required Reading
Simon, R; Sherman, S; Koenigsnecht, S: <b>Emergency Orthopedics: The Extremities</b> , 2006.
American Board of Family Medicine. Sports Medicine Examination Content; 2007. <a href="https://www.theabfm.org/cert/SportsMedExaminationOutline.pdf">https://www.theabfm.org/cert/SportsMedExaminationOutline.pdf</a> .
Schwartz D, Reisdorff E: <b>Emergency Radiology</b> , 2000
McCrary P, Meeuwisse W, Dvořák J, et al. Consensus statement on concussion in sport: the 5th international conference on concussion in sport held in Berlin, October 2016. <i>Br J Sports Med</i> . 2017;51:838-847.
Mirabelli MH, Devine MJ, Singh J, Mendoza M. The preparticipation sports evaluation. <i>Am Fam Physician</i> . 2015;92(5):371-376. <a href="http://www.aafp.org/afp/2015/0901/p371.html">http://www.aafp.org/afp/2015/0901/p371.html</a> . Accessed October 20, 2017.
University of California, San Diego (UCSD). A Practical Guide to Clinical Medicine: Musculo-Skeletal Examination; 2015. <a href="http://meded.ucsd.edu/clinicalmed/joints.htm">http://meded.ucsd.edu/clinicalmed/joints.htm</a> .
Armstrong AD, Hubbard MC, eds. <i>Essentials of Musculoskeletal Care</i> . 5th ed. Rosemont, Ill.: American Academy of Orthopaedic Surgeons; 2015.

Osteopathic Curricular Elements	
Osteopathic Considerations in the Athlete	<b>SDOFM 2<sup>nd</sup> edition</b> <ul style="list-style-type: none"> <li>• Chapter 15 – The Athlete               <ul style="list-style-type: none"> <li>○ Read pages 151 - 161</li> <li>○ View PowerPoint on <i>The Athlete</i></li> </ul> </li> </ul>
Lateral epicondylitis	<b>OMT Video Library</b> <ul style="list-style-type: none"> <li>• View videos under Lateral Epicondylitis</li> </ul>
Thoracic Outlet Syndrome	<b>OMT Video Library</b> <ul style="list-style-type: none"> <li>• View videos under <i>Thoracic Outlet Syndrome</i></li> </ul>
Hip pain	<b>OMT Video Library</b> <ul style="list-style-type: none"> <li>• View videos under <i>Hip Pain</i></li> </ul>
Low back pain	<b>OMT Video Library</b> <ul style="list-style-type: none"> <li>• View videos under <i>Low Back pain</i></li> </ul>
Osteopathic Foundations in Sports medicine	<b>Foundations of Osteopathic Medicine fourth edition</b> <ul style="list-style-type: none"> <li>• Read pgs. 1458 – 1475 (Sports Medicine)</li> </ul>
Osteopathic Foundation in Knee Pain	<b>Foundations of Osteopathic Medicine fourth edition</b> <ul style="list-style-type: none"> <li>• Read pgs. 1476-1482 (Prolotherapy for Knee pain with enthesopathy)</li> </ul>
Osteopathic Foundations- Somatic Dysfunction	<b>Readings from Foundations of Osteopathic Medicine fourth edition</b> <ul style="list-style-type: none"> <li>• Review pgs. 1483 - 1516 (Diagnosing and treating SD in extremities)</li> </ul>