



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Sports Medicine
(Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics,
Physical Medicine and Rehabilitation)**

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Sports medicine fellowships provide advanced education to allow fellows to acquire competence in preventing, diagnosing, and treating injuries related to participation in sports and/or exercise. In addition to the study of those fields that focus on prevention, diagnosis, treatment, and management of injuries, sports medicine deals with illnesses and diseases that might stem from and have effects on health and physical performance. Fellows also develop skills in the evaluation and management of those illnesses and diseases that might affect health and athletic performance. Sports medicine fellowships embrace the concept that “exercise is medicine” and the necessity of promoting physical activity in diverse patients with or without disease.

Int. II. Duration of Education

Int. II.A. The educational program in sports medicine must be 12 or 24 months in length.

I. Institution

I.A. Sponsoring Institution

I.A.1. A fellowship in sports medicine must function as an integral part of an ACGME-I-accredited residency in emergency medicine, family medicine, internal medicine, pediatrics, or physical medicine and rehabilitation.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

See International Foundational Requirements, Section II.A.

II.B. Faculty

- II.B.1. In addition to the sports medicine program director, there must be at least one faculty member with current subspecialty certification in sports medicine or who has other qualifications acceptable to the Review Committee-International.
- II.B.2. The faculty must include at least one orthopaedic surgeon who is engaged in the operative management of sports injuries and other conditions.
 - II.B.2.a) This faculty member must be available to teach and provide consultation to the fellows.
- II.B.3. Faculty members should encourage and support fellows in scholarly activity.

II.C. Other Program Personnel

- II.C.1. The program coordinator must be provided with support equal to a dedicated minimum of 20 percent full-time equivalency (FTE) for administration of the program.
- II.C.2. The sports medicine team must include sports physiotherapists or athletic trainers with whom the fellows interact.
- II.C.3. Programs should have access to qualified staff members in disciplines such as behavioral science, biomechanics, clinical imaging, exercise physiology, neuropsychology, nutrition, and physical therapy.

II.D. Resources

- II.D.1. There must be a patient population that includes patients of all ages and physical abilities, as well as ethnic and gender diversity, and that is adequate in number and variety to meet the needs of the educational program.
- II.D.2. There must be an identifiable sports medicine clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems.
 - II.D.2.a) The sports medicine clinic must have up-to-date diagnostic imaging and functional rehabilitation services available and accessible to clinic patients.
 - II.D.2.b) Consultation from medical and surgical specialties and subspecialties must be readily available.
- II.D.3. The program must have access to sporting events, team sports, and mass-participation events.

II.D.4. There must be an acute care facility that provides access to the full range of services typically found in an acute care general hospital.

III. Fellow Appointment

III.A. Eligibility Criteria

III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in emergency medicine, family medicine, internal medicine, pediatrics, or physical medicine and rehabilitation; or another emergency medicine, family medicine, internal medicine, pediatrics, or physical medicine and rehabilitation residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

III.B. Number of Fellows

See International Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:

IV.A.1.b).(1).(a) diagnosing and providing non-operative management of medical illnesses and injuries related to sports and exercise, including:

IV.A.1.b).(1).(a).(i) hematomas;

IV.A.1.b).(1).(a).(ii) sprains and strains;

IV.A.1.b).(1).(a).(iii) stress fractures;

IV.A.1.b).(1).(a).(iv) traumatic fractures and dislocations; and,

IV.A.1.b).(1).(a).(v) osteoarthritis and tendon disorders.

- IV.A.1.b).(1).(b) working with special patient populations, such as adaptive athletes and athletes with intellectual disabilities; and,
- IV.A.1.b).(1).(c) evaluating sports-related injuries using diagnostic ultrasound.
- IV.A.1.b).(1).(c).(i) This should include ultrasound of the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot, and extended focused assessment with sonography for trauma examination.
- IV.A.1.b).(2) Fellows must perform all medical, diagnostic, and surgical procedures considered essential for the practice of sports medicine. Fellows must demonstrate competence in:
 - IV.A.1.b).(2).(a) diagnosing and providing timely referral for operative treatment of sports-related injuries, including:
 - IV.A.1.b).(2).(a).(i) comprehensive care of osteoarthritis and tendon disorders;
 - IV.A.1.b).(2).(a).(ii) hematomas;
 - IV.A.1.b).(2).(a).(iii) stress fractures;
 - IV.A.1.b).(2).(a).(iv) surgical sprains and strains; and,
 - IV.A.1.b).(2).(a).(v) traumatic fractures and dislocations.
 - IV.A.1.b).(2).(b) evaluating and using splinting, bracing, and casting for musculoskeletal injuries;
 - IV.A.1.b).(2).(c) interpreting results from useful tests and procedures, including:
 - IV.A.1.b).(2).(c).(i) cardiopulmonary exercise test (CPET);
 - IV.A.1.b).(2).(c).(ii) exercise tolerance test (ETT);
 - IV.A.1.b).(2).(c).(iii) gait analysis;
 - IV.A.1.b).(2).(c).(iv) nerve conduction velocity/electromyogram (NCV/EMG); and,
 - IV.A.1.b).(2).(c).(v) neuropsychology evaluation.
 - IV.A.1.b).(2).(d) performing ultrasound-guided procedures for the

treatment of sports-related injuries.

IV.A.1.b).(2).(d).(i)

These should include injuries to the ankle, elbow, foot, hand, hip, knee, shoulder, and wrist.

IV.A.1.c)

Medical Knowledge

IV.A.1.c).(1)

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of:

IV.A.1.c).(1).(a)

anatomy, exercise physiology, and biomechanics of exercise;

IV.A.1.c).(1).(b)

areas appropriate for a subspecialist in sports medicine, specifically, key aspects of sports cardiology, concussion, and neurologic conditions in sport, as well as the dermatologic, endocrinologic, immunologic, infectious, rheumatologic, pulmonary, and other medical conditions that may complicate and require special care for individuals who exercise or participate in sports;

IV.A.1.c).(1).(c)

basic nutritional principles (such as dietary analysis) and their application to exercise;

IV.A.1.c).(1).(d)

basic principles of sports ultrasound, and the sonographic appearance of normal and pathologic adipose, fascia, muscle, tendon, bone, cartilage, joint, vasculature, and nerves;

IV.A.1.c).(1).(e)

clinical pharmacology relevant to sports medicine and the effects of therapeutic, performance-enhancing, and mood-altering drugs;

IV.A.1.c).(1).(f)

effects of disease on exercise and the use of exercise prescription and rehabilitation in the care of medical and musculoskeletal problems to promote and maintain health in all ages and special patient populations;

IV.A.1.c).(1).(g)

environmental effects on exercise;

IV.A.1.c).(1).(h)

ethical principles as applied to exercise and sports;

IV.A.1.c).(1).(i)

exercise programs for school-age children;

- IV.A.1.c).(1).(j) growth and development related to exercise;
- IV.A.1.c).(1).(k) guidelines for appropriate history-taking and physical evaluation prior to participation in exercise and sport;
- IV.A.1.c).(1).(l) medicolegal aspects of exercise and sport;
- IV.A.1.c).(1).(m) musculoskeletal radiology;
- IV.A.1.c).(1).(n) orthopaedic injuries that occur in sports common within the program's patient population;
- IV.A.1.c).(1).(o) pathology and pathophysiology of illness and injury as they relate to exercise;
- IV.A.1.c).(1).(p) physical conditioning requirements for various exercise-related activities and sports;
- IV.A.1.c).(1).(q)
IV.A.1.c).(1).(r) prevention, evaluation, management, and promotion of physical fitness, strength training, flexibility, and healthy lifestyle;
- IV.A.1.c).(1).(s) psychological aspects of exercise, performance, and competition;
- IV.A.1.c).(1).(t) rehabilitation of injuries and sports-related illnesses;
- IV.A.1.c).(1).(u) science of orthobiologics care in sports medicine;
- IV.A.1.c).(1).(v) special considerations for age, gender, race, population health, health disparity, disability, and other health inequities; and,
- IV.A.1.c).(1).(w) the role of exercise in maintaining the health and function of the elderly.

IV.A.1.d) Practice-Based Learning and Improvement

- IV.A.1.d).(1) Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

IV.A.1.e) Interpersonal and Communication Skills

- IV.A.1.e).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients' families, and other health professionals.

IV.A.1.f) Systems-Based Practice

IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. There must be conferences, seminars, and/or workshops in sports medicine specifically designed to augment fellows' clinical experiences.

IV.C. Clinical Experiences

IV.C.1. Clinical activities in sports medicine must represent a minimum of 60 percent of fellows' time in the program.

IV.C.1.a) The remainder of the time should be spent in didactic and scholarly activities, and in fellows' practice of their primary specialty.

IV.C.2. Rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback.

IV.C.3. Fellows must spend at least one half-day (four hours or .1 FTE) and no more than two half-days (eight hours or .2 FTE) per week maintaining their skills in their primary specialty area.

IV.C.4. Fellows must participate in conducting pre-participation physical evaluations of athletes.

IV.C.5. Fellows must have experience with procedures relevant to the practice of sports medicine.

IV.C.5.a) Fellows must assist with, observe, and perform outpatient non-operative interventional procedures clinically relevant to the practice of sports medicine.

IV.C.5.b) Fellows must assist with and/or observe operative musculoskeletal procedures clinically relevant to the practice of sports medicine.

IV.C.6. Fellows must have a sports medicine clinic experience.

IV.C.6.a) Fellows must provide sports medicine clinic patients with continuing, comprehensive care and provide consultation for

health problems related to sports and exercise.

- IV.C.6.b) In a 12-month program, each fellow must spend at least one day per week for 10 months in a single sports medicine clinic providing care to patients.
- IV.C.6.c) In a 24-month program, each fellow must spend at least one day per week for 20 months in a single sports medicine clinic providing care to patients.
- IV.C.6.d) If a fellow's sports medicine clinic patients are hospitalized, the fellow must either follow them during their inpatient stay and resume outpatient care following the hospitalization or remain in active communication with the inpatient care team regarding management and treatment decisions and resume outpatient care following the hospitalization.
- IV.C.7. Fellows must have experience providing on-site sports care.
 - IV.C.7.a) Fellows must assist with planning and implementation of all aspects of medical care at various sporting events.
 - IV.C.7.b) Fellows must participate in providing comprehensive and continuing care to a single sports team where medical care can be provided across seasons, or to several sports teams across seasons.
 - IV.C.7.c) Fellows must have clinical experiences that provide exposure to and facilitate skill development in the appropriate recognition, on-field management, and medical transportation of sports medicine urgencies and emergencies.
 - IV.C.7.d) Each fellow must function as a team physician and have experience managing patients in the training room.
- IV.C.8. Fellows must participate in mass-participation events.
 - IV.C.8.a) Fellows must assist with planning and implementation of all aspects of medical care for at least one mass-participation sports event.
 - IV.C.8.b) Fellows must have experience providing event planning, coordination with local Emergency Medical Systems, direct care planning, medical consultation, and protection of participants.
- IV.C.9. Fellows must have experience working in a community sports medicine network involving allied health personnel, coaches, parents, physical therapists or athletic trainers, and other physicians, as well as residents.
- IV.C.10. Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional

team that works together longitudinally with shared goals of patient safety and quality improvement.

IV.D. Scholarly Activity

IV.D.1. Fellows' Scholarly Activity

IV.D.1.a) Each fellow must complete a scholarly or quality improvement project during each year of the educational program.

IV.D.1.b) Evidence of scholarly activity must include at least one of the following:

IV.D.1.b).(1) peer-reviewed funding and research;

IV.D.1.b).(2) presentation(s) or poster(s) at regional, or national professional and scientific society meetings; or,

IV.D.1.b).(3) publication of original research or review article(s) and book chapter(s).

IV.D.2. Faculty Scholarly Activity

See International Foundational Requirements, Section IV.D.2.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

See International Foundational Requirements, Section VI.