

**CanMeds 2000 Rotation Specific Objectives
Orthopaedic Surgery Resident – University of Toronto
Arthroscopy Service – Senior Resident**

R.S. OBJECTIVES ---- SENIOR RESIDENT

ARTHROSCOPIC JOINT RECONSTRUCTION

1 ANATOMY AND PATHOLOGY OF SOFT TISSUE INJURY AND OVERUSE

- A) Rotator cuff tendonitis
 - B) Patellofemoral disorders
 - C) Rupture of Achilles tendon
 - D) Ankle sprains
 - E) Simple and complex knee ligament injuries
 - F) Tendonopathy including groin injury and elbow tendonitis
 - G) Articular cartilage injury.
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2 GRADING AND MANAGEMENT OF SOFT TISSUE INJURY AND LIGAMENT TEARS

- A) Ankle sprains
 - B) Knee ligaments quadriceps mechanism
 - C) Groin injuries
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3 PATHOLOGY AND TREATMENT OF JOINT SUBLUXATION AND DISLOCATION

- A) Ankle
 - B) Knee and patella
 - C) Shoulder instability, multidirectional instability, rotator cuff tears, slap lesions
 - D) Osteochondritis dissecans
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4 CLINICAL EXAMINATION OF ACUTE AND CHRONIC INJURY TO SOFT TISSUE AND JOINTS IN 1,2,3

5 SURGICAL ANATOMY AND PROCEDURES FOR

- A) Knee, shoulder and ankle diagnostic arthroscopy
 - B) Knee meniscectomy, synovectomy, basic ACL reconstruction
 - C) Shoulder decompression
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- D) Ankle instability
 - E) Shoulder instability and rotator cuff tear tendonopathy.
 - F) Repair of ruptured muscle, tendons including quadriceps and achilles.
 - G) Articular cartilage disorders including O.C.D., abrasion and cartilage transplantation-knowledge of procedures.
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6 IMAGING FOR SOFT TISSUE AND CHRONIC CHANGE,

- A) Xray
 - B) Bone scan
 - C) Ultrasound
 - D) MRI and MRA
 - E) CT
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7 PRINCIPLES OF REHABILITATION

- A) Muscle and ligament physiology
 - B) Physiotherapy
 - C) Bracing and orthotics
 - D) Return to sport indications.
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B COMMUNICATOR

1 COMMUNICATE WITH PATIENTS,FAMILIES,PRIMARY CARE PHYSICIANS, HEALTH CARE PROFESSIONALS, AND SPORT TEAM MEMBERS.

2 INFORMED CONSENT

3 APPROPRIATE WRITTEN ORDERS AND NOTES.

C COLLABORATOR

CONSULTS AND COLLABORATES WITH PATIENTS,HEALTHS CARE PROFESSIONAL, TEAM AND PROFESSIONAL SPORT ORGANIZATION, UNDERSTAND THE ROLE OF PREVENTIVE CARE IN SPORTS.

D MANAGER

MANAGES INPATIENT AND OUTPATIENT. USING HEALTH CARE RESOURCES.

E HEALTH ADVOCATE

IDENTIFIES RISK FRACTURE FOR INJURY INCLUSIVE SPECIAL RISKS TO FEMALES.

RECOGNISES VALUE OF PROPHYLATIC TRAINING.

RECOGNISES INFORMATION WITH COACHS AND SPORTS ORGANIZATIONS.

F SCHOLAR

ABLE TO MANAGE AND DEVELOP PERSONAL CONTINUING

TEACHES AND SUPERVISES PATIENTS, STUDENTS, COLLAGUES AND OTHER HEALTH CARE PROFESSIONALS.

G HEALTH PROFESSIONAL

DELIVERS HIGHEST QUALITY CARE WITH INTEGRITY, HONESTY COMPASSION.

APPROPRIATE PERSONAL AND INTERPERSONAL

PROFESSIONAL BEHAVIOR.

EXHIBITS ETHICAL BEHAVIOR

KNOWLEDGE OF ETHICS AND SUBSTANCE ABUSE, PERFORMANCE ENHANCING DRUGS IN SPORTS.
