The American Orthopaedic Society for Sports Medicine's

EDUCATIONAL CURRICULUM

Developed by the Education Committee and Approved by the Collective Leadership of the American Orthopaedic Society for Sports Medicine

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Last Revision: April, 2000
Explanation of the Orthopaedic Sports Medicine Curriculum for AOSSM Members

OVERVIEW

This Curriculum for learning in sports medicine has organized and prioritized topics for continuing education. We have rated topic areas in two ways: knowledge and instruction.

Fundamentally, there are three types of knowledge: 1) knowing what (declarative knowledge); 2) knowing how (procedural knowledge); and 3) knowing when and why (conditional knowledge). A command of all three types of knowledge is required for surgical practice. Procedural knowledge (i.e. knowing the steps one is to follow in doing a particular procedure as described in Campbell’s) and being able to do the procedure are very distinct. Knowing the relevant declarative, procedural, and conditional knowledge is necessary but not sufficient for being able to do orthopaedic sports medicine proficiently.

A “scoring key” was developed to breakdown the curriculum topics into a functional (depth of knowledge) and instructional (instructional guide) rating categories. The curriculum is designed to separate topics which should be mastered by all sports medicine practitioners (rating of ‘1’) and those topics in which mastery is expected only in sub-specialists who have a particular interest in that area (rating of ‘2’). The instructional rating describes the level to which our association should plan instruction. Instructions for topics with an “A” rating should deal with declarative, procedural and conditional knowledge, but also provide psychomotor skills training. Instruction for topics with a “B” rating should deal with declarative, procedural and conditional knowledge, but do not require psychomotor skills training. These should deal with declarative knowledge. Topics rated “C” are suitable for electronic or print media.

Particular care needs to be taken in advertising and introducing hands-on surgical CME courses to warn participants that what they learn in a particular course is intended to contribute to their becoming proficient in using particular types of equipment and/or doing specific types of procedures. The course is not, however, intended to, nor should it be construed to, guarantee such proficiency. For such proficiency to be attained, additional learning may well be necessary, and engaging in that additional learning is each participant’s responsibility. Professional societies, such as AOSSM, may or may not choose to provide some or all of the needed, additional learning experiences to fill that gap.

A valid orthopaedic sports medicine curriculum intersects other curricula (i.e. arthroscopic surgery, foot and ankle, pediatric medicine, non-orthopaedic sports medicine). Nevertheless, the intersecting content takes on specialized meaning in the practice of sports medicine.

THE CURRICULUM AND ITS USE

In their response to the 1996 membership survey, AOSSM members put a relatively high priority on the educational offerings of the Society. Many such offerings are made available
each year. Most of them have been presented in traditional continuing medical education (CME) formats such as slide talks in large sessions, panel presentations, and instructional courses (didactic with or without hands-on experiences). Some offerings have utilized less traditional formats such as anomaly-based workshops, traveling fellowships, and one-on-one or small group, Society-sponsored several day apprenticeships with experts.

Educational offerings of the Society have tended to be based on what was assumed to have been needed, what has been well received, and/or what popular and, in some cases, what charismatic presenters have wanted to or were willing to present. The Society leaders feel that significant improvement in the current system can be made by better prioritizing its educational programs by developing a curriculum that more systematically addresses the needs of its members. The goal of the Education Sub-Committee has been to provide such a curriculum along with a recommended strategic plan to implement and periodically update it.

The term “curriculum” is potentially confusing. A continuing medical education (CME) curriculum is different from a schooling curriculum (kindergarten through university level including residency and fellowship training). A CME curriculum is a program or sequence of courses or other instructional activities covering several years (Good, 1959).

The development of the Orthopaedic Sports Medicine Curriculum for AOSSM members utilized concepts and formats from previously developed orthopaedic education curricula including: Noyes and Farmer, 1992; Green, Herndon and Farmer, 1991; Gross and Farmer, 1990; and those published in 1991 by the Arthroscopy Association of North America and in 1989 by the Canadian Orthopaedic Association. All of those curricula pertained to resident or fellowship training. In contrast, the Orthopaedic Sports Medicine Curriculum for AOSSM members pertains to continuing medical education (CME).

In order for a sound CME curriculum to be developed and updated, it is necessary for the nature and extent of potential content and alternative ways of delivering such content to be made explicit along with a plan for prioritizing potential offerings and related strategic decisions. Deciding what educational content to offer and how without a sound curriculum is like doing research without making explicit the population from which the sample is selected.

Much of what is needed (Ruesch, 1975; Baskett and Marsick, 1992; Eraut, 1994, 1985) in orthopaedic practice generally and orthopaedic sports medicine, more specifically, is “knowledge in action” and not merely knowledge or action. Essential in developing, updating, and implementing sound CME curricula is determining whether knowing about something (i.e., sports and sports rules) is necessary and sufficient or knowing and being able to do something (i.e., perform an arthroscopic ligament repair) proficiently and knowledgeably is necessary (Ruesch, 1975; Baskett and Marsick, 1992; Eraut, 1985, 1994) for particular types of orthopaedic sports medicine providers.

Being able to understand and deal with a particular type of injury or illness proficiently means using one or more acceptable (as defined by the profession) procedures or processes while avoiding unacceptable practices. Expertise may evolve from such proficiency as a result of extensive experience and, in some cases, specialized training. The basic goal of CME is
establishing, as necessary, and maintaining proficiency. Developing expertise is a specialized goal. This means that all the Society’s members should be helped to develop, as necessary, and retain proficiency as orthopaedic sport medicine providers and that those who choose to do so should be helped to attain expertise in specialized aspects of orthopaedic sports medicine.

Fundamentally, there are three (3) types of knowledge: knowing what (declarative knowledge); knowing how (procedural knowledge); and knowing when and why (conditional knowledge). Often confusing and potentially problematic for CME is the relationship between knowing how (procedural knowledge) and being able to deal proficiently with a particular type of injury or illness. Procedural knowledge (i.e., knowing the steps one is to follow in doing a particular procedure as described in Campbell’s or in another relevant source) and being able to implement the procedure proficiently are both important in orthopaedic sports medicine. Knowing the relevant declarative, procedural, and conditional knowledge is necessary but not sufficient for being able to do orthopaedic sports medicine proficiently.

The rating used in this curriculum applies a functional rating to topic areas. The curriculum is designed to separate topics which should be mastered by all sports medicine practitioners (Rating of ‘1’) and those topics in which mastery is expected only in sub-specialists who have a particular interest in that area (Rating of ‘2’). The instruction rating describes the level to which our association should plan instruction. Instructions for topics with an “A” rating should deal with declarative, procedural and conditional knowledge, but also provide psychomotor skills training. Instruction for topics with a “B” rating should deal with declarative, procedural and conditional knowledge, but do not require psychomotor skills training. These should deal with declarative knowledge. Topics rated “C” are suitable for electronic or print media.

Major topics covered in the curriculum include sports medicine education and inquiry; research; general sports medicine; and musculoskeletal topics. For the musculoskeletal section, a template was developed to cover each anatomical area (e.g., ligament, cartilage, tendon, muscle, bone, nerve and vessel) of each specific joint. For each anatomical area, consideration is given to the relevant basic science (anatomy, biomechanics and biology) and clinical topics including classification of injury/disease, evaluation and management (non-operative and operative) as well as operative and non-operative management. Ratings of specific topics take into consideration unique issues to orthopaedic sports medicine such as return to play and sports-specific outcomes research.

Particular care needs to be taken in advertising and introducing hands-on surgical CME courses to warn participants that what they learn in a particular course is intended to contribute to their becoming proficient in using particular types of equipment and/or doing specific types of procedures. The course, however, is not intended to nor should it construed to guarantee such proficiency. For such proficiency to be attained, additional learning may well be necessary, and engaging in that additional learning is each participant’s responsibility. Professional societies, such as AOSSM, may or may not choose to provide some or all of the needed, additional learning experiences to fill that gap.
Reportedly, many general surgeons were taught about how to do diagnoses and certain surgical treatments in the abdomen using endoscopic techniques (i.e., cholecystectomy). The main way they were taught was through society-sponsored short CME courses that included didactic presentations supplemented by hands-on experience. Unfortunately, this new technology lead to an alarming increase in the number of intraoperative and post operative complications (Soper, Brunt, and Kerbel, 1994). What was concluded when the matter was reviewed was that they had become somewhat knowledgeable about the use of such equipment but not technically proficient in its use as a result of what they learned mainly in the short CME courses.

A valid orthopaedic sports medicine curriculum intersects other curricula (i.e., arthroscopic surgery; foot and ankle; pediatric medicine; non-orthopaedic sports medicine). Nevertheless, the intersecting content takes on specialized meaning and is often used somewhat differently because of it being related to sports, on the one hand, and orthopaedics, on the other.

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Chairman, Education Committee, 1998 - 2001

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University of Illinois at Champaign-Urbana  
Educational Consultant to the AOSSM
References


Scoring Key

Topic Scoring

Depth of Knowledge:
1 = All should have in-depth knowledge.

2 = All should be aware of this item, but only those who sub-specialize in a particular aspect of orthopaedic sports medicine need in-depth knowledge.

Instructional Guidelines:
A = In-depth instruction provided, including psychomotor skill development.

B = In-depth instruction provided, without psychomotor skill development.

C = Instruction provided through the use of electronic or print media.

Musculoskeletal

Basic Science*:
- Anatomy
- gross
- functional
- Biomechanics
- mechanical properties
- kinematics
- In situ forces
- Biology of Healing
- injury
- healing
- repair

Evaluation**:
- History
- Physical Exam
- Imaging
- Additional Studies

Management***:
Non-Operative^A
- medication/injection
- brace/splint/cast
- rehabilitation
- return to play
- outcomes

Operative^B
- indications
- techniques
- rehabilitation
- complications
- return to play
- special considerations
- outcomes
## General Sports Medicine Topics

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td><strong>I. Medical Aspects of Sports Medicine</strong></td>
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<tr>
<td>A. Cardiac</td>
<td>2 C</td>
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<tr>
<td>B. Dermatology</td>
<td>2 C</td>
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<tr>
<td>C. Pulmonary</td>
<td>2 C</td>
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<tr>
<td>D. Infection</td>
<td>2 C</td>
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<tr>
<td>E. Nutrition</td>
<td>2 C</td>
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<tr>
<td>1. Eating Disorders</td>
<td>2 C</td>
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<tr>
<td>2. Hydration</td>
<td>1 C</td>
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<tr>
<td>3. Anabolic Steroids</td>
<td>1 C</td>
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<tr>
<td>4. Nutritional Supplements</td>
<td>2 C</td>
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<tr>
<td>5. Ergogenic Aids</td>
<td>2 C</td>
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<tr>
<td>F. Drug Testing/Banned Substances</td>
<td>2 C</td>
</tr>
<tr>
<td>G. Environmental Exposure</td>
<td>2 C</td>
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<tr>
<td>1. Hypothermia</td>
<td>2 C</td>
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<tr>
<td>2. Heat Injuries</td>
<td>1 B</td>
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<tr>
<td>3. Altitude Sickness</td>
<td>2 C</td>
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<tr>
<td>4. Decompression Sickness</td>
<td>2 C</td>
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<tr>
<td><strong>II. Exercise Physiology</strong></td>
<td></td>
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<tr>
<td>A. Response to Exercise</td>
<td>2 C</td>
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<tr>
<td>B. Fitness Level</td>
<td>2 C</td>
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<tr>
<td>C. Training</td>
<td>2 C</td>
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<tr>
<td>D. Adaptation</td>
<td>2 C</td>
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<tr>
<td>E. Motor Skills</td>
<td>2 C</td>
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<td>F. Performance Factors</td>
<td>2 C</td>
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<tr>
<td><strong>III. Athletic Populations</strong></td>
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<tr>
<td>A. Female Athletes</td>
<td>1 B</td>
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<tr>
<td>B. Disabled Athletes</td>
<td>1 B</td>
</tr>
<tr>
<td>C. Aging Athletes</td>
<td>1 B</td>
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<tr>
<td><strong>IV. Pediatric and Adolescent Issues in Sports</strong></td>
<td>1 B</td>
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<tr>
<td><strong>V. Preventative Sports Medicine</strong></td>
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<tr>
<td>A. Pre-participation Guidelines</td>
<td>1 C</td>
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<tr>
<td>B. Rules of Sports</td>
<td>2 C</td>
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<tr>
<td>C. Protective Equipment</td>
<td>1 C</td>
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<tr>
<td><strong>VI. Sports Specific Trauma</strong></td>
<td></td>
</tr>
<tr>
<td>A. Eye, Ear, Mouth &amp; Face</td>
<td>2 B</td>
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<tr>
<td>B. Head: Concussion, Closed Head Injury</td>
<td>1 B</td>
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<tr>
<td>C. Chest</td>
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<tr>
<td>1. Rib</td>
<td>1 B</td>
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<tr>
<td>2. Cardiac Contusion</td>
<td>2 B</td>
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<td>3. Pneumothorax</td>
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<tr>
<td>D. Abdomen</td>
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<tr>
<td>1. Spleen</td>
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<td>2. Liver</td>
<td>2 B</td>
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<tr>
<td>4. Other Organ Injury</td>
<td>2 B</td>
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<tr>
<td>E. Genito-Urinary</td>
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<tr>
<td>1. Male</td>
<td>2 B</td>
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<tr>
<td>2. Female</td>
<td>2 B</td>
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</tbody>
</table>
VII. Protective Equipment Including Braces

A. Head Gear - Football Helmet
   1. Design 1 B
   2. Removal 1 B
   3. Protective Effect 1 B

B. Head Gear - Other Sports (Hockey, Boxing, etc.)
   1. Design 1 C
   2. Protective Effect 1 C

C. Neck - Soft Orthoses
   1. Use of Collars in Football 1 B
   2. Use of Rolls in Football 1 B

D. Neck - Spine Boards
   1. Indications for Use 1 B
   2. How to Apply 1 B
   3. How to Transport 1 B

E. Lumbar Spine
   1. Corset 1 B
   2. Brace for Spondylosis in Adolescent Adults 1 B

F. Ribs
   1. Flak Jacket 1 B

G. Shoulder
   1. Use of Harness to Prevent Glenohumeral Instability in Football, Hockey, etc. 1 B

H. Elbow
   1. Hyperextension Brace 1 B

I. Hand & Wrist
   1. Plastic and Silicone Materials for Navicular Fractures and Game Keepers Thumb in Football, Skiing, etc. 1 B

J. Knee
   1. Patella Brace
      a. How to Apply 1 B
      b. Function 1 B
   2. Sleeves 1 B
   3. Ligament Brace
      a. Classification
         i. Prophylactic 1 B
         ii. Rehabilitation 1 B
         iii. Functional 1 B
      b. Design 2 C
      c. Objective Data
         i. Biomechanical 1 B
         ii. Clinical 1 B

K. Ankle
   1. Taping
      a. Techniques 1 B
      b. Effects 1 B
      c. Results 1 B
   2. Air Stirrup Brace 1 B
   3. Lace-up Support 1 B

L. Foot
   1. Orthoses for Runners
VIII. Team Physician Issues
    A. Traveling Team Physician 1 C
    B. Pre-participation Physical 1 C
    C. Medical/Legal Issues 1 C
    D. Ethics 1 C
    E. Re-certification 1 C
    F. Sports Environment and Facilities 2 C
    G. Interaction with Ancillary Medical Personnel 2 C
    H. Policies on Blood Borne Pathogens 2 C
    I. Policies on Drug Abuse 2 C
    J. Rules of Sports as it Pertains to Medical Coverage 1 C
    K. Emergency Plans at Sporting Events 1 C
    L. Medical Guidelines
        1. State High School 2 B
        2. NCAA/Collegiate 2 B
        3. Professional Sports 2 B

IX. Practice Management
    A. Office 1 B
    B. Billing/coding 1 B

X. Information Technology 1 B
# Sports Medicine Research

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>SCORE</th>
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<tbody>
<tr>
<td>I. Critical Appraisal of Literature</td>
<td>1</td>
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<tr>
<td>II. Bias</td>
<td>1</td>
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<tr>
<td>III. Study Design</td>
<td>1</td>
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<tr>
<td>IV. Statistics</td>
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<tr>
<td>V. Computers</td>
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<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Instruction</th>
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<tbody>
<tr>
<td>1</td>
<td>B</td>
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<td>1</td>
<td>B</td>
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## Sports Medicine Education And Inquiry

<table>
<thead>
<tr>
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<th>SCORE</th>
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<tbody>
<tr>
<td></td>
<td>Knowledge</td>
</tr>
<tr>
<td>I. Educating the members about how to educate the following about orthopaedic sports medicine:</td>
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<tr>
<td>A. Medical Students</td>
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<td>B. Residents</td>
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<td>C. Fellows</td>
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<tr>
<td>D. AOSSM Members</td>
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<tr>
<td>E. Other Physicians and Surgeons</td>
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<tr>
<td>F. Other Allied Health Personnel (ATCs, PTs, EMTs, etc.)</td>
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<tr>
<td>G. Patients</td>
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<td>H. Coaches</td>
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<tr>
<td>I. The Public</td>
<td></td>
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<tr>
<td>J. The Media</td>
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<tr>
<td>II. Helping members engage in inquiry* about important aspects of orthopaedic sports medicine about which:</td>
<td>2</td>
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<tr>
<td>A. Little is known</td>
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<tr>
<td>B. What is known is problematic</td>
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</tbody>
</table>

* In the past decade, AOSSM has sponsored such inquiry which was conducted in “anomaly-based workshops” on topics such as: the female athlete, sports-induced soft-tissue inflammation, extraarticular support of the ACL, therapeutic modalities for sports injuries, intensive participation in children's sports, and strength training for pre-pubescent athletes.
# Musculoskeletal

*See "Template for the Musculoskeletal Section of the Educational Curriculum" for an explanation of this section's format.*

<table>
<thead>
<tr>
<th>TOPIC</th>
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<th>Instruction</th>
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## SHOULDER/glenohumeral

I. Ligament (IGHL, MGHL, SGHL, Labrum)
   A. Basic Science*
   B. Clinical - Instability
      1. Classification of Injury/Disease
         a. Traumatic
            i. Instability
               aa. Direction
               bb. Degree
               cc. Timing
               dd. Acute/chronic
               ee. Associated pathology
               ff. Frequency
         b. Inflammatory
            i. Adhesive capsulitis
            ii. Post-trauma/surgery
      c. Other
      2. Evaluation**
      3. Management***
         a. Non-Operative^A
            i. Unidirectional
               aa. Anterior
               bb. Posterior
               cc. Inferior
            ii. Multidirectional
            iii. Adhesive capsulitis
         b. Operative^B (open/arthroscopic)
            i. Unidirectional
               aa. Anterior
               bb. Posterior
               cc. Inferior
            ii. Multidirectional
            iii. Adhesive capsulitis

II. Cartilage
   A. Articular (chondral, osteochondral)
      1. Basic Science*
      2. Clinical
         a. Classification of Injury/Disease
            i. Etiology
               aa. Traumatic
               bb. Degenerative
               cc. Inflammatory
               dd. Other (tumor, infection, OCD, AVN)
            ii. Location (size/depth)
         b. Evaluation**
c. Management***
   i. Non-Operative\textsuperscript{A}
      aa. Traumatic 1 B
      bb. Degenerative 1 B
      cc. Inflammatory 2 B
      dd. Other (OCD, etc.) 2 B
   b. Operative\textsuperscript{B}
      aa. Traumatic 2 A
      bb. Degenerative 2 A
      cc. Inflammatory 2 A
      dd. Other 2 C

B. Labral (superior, anterior, posterior)
   1. Basic Science* 1 B
   2. Clinical
      a. Classification of Injury/Disease
         1. Traumatic (SLAP, Bankart) 1 A
         2. Degenerative 1 A
      b. Evaluation** 1 B
      c. Management***
         i. Non-Operative\textsuperscript{A} 1 B
         ii. Operative\textsuperscript{B}
            aa. Traumatic (SLAP, Bankart) 1 B
            bb. Degenerative 2 B

III. Tendon (rotator cuff, biceps)
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease
         a. Traumatic-tear 1 B
         b. Inflammatory
            i. Mech. impingement 1 B
            ii. Calcific tendonitis 1 B
            iii. Assoc. pathology
               aa. GH arthritis (cuff arthropathy) 1 B
               bb. AC joint arthritis 1 B
               cc. Bicep tendon 1 B
               dd. GH instability 1 B
         c. Other - tumor 1 B
      2. Evaluation** 1 B
      3. Management***
         a. Non-Operative\textsuperscript{A}
            i. Impingement/tendonitis 1 B
            ii. Rotator cuff tear (partial to full) 1 B
            iii. Rotator cuff arthropathy 1 B
            iv. Instability/tendonitis 1 B
            v. Bicep tendonitis/rupture 1 B
         b. Operative\textsuperscript{B}
            i. Impingement/tendonitis 1 A
            ii. Rotator cuff tear (partial to full) 1 A
            iii. Rotator cuff arthropathy 2 B
            iv. Instability/tendonitis 1 A
v. Bicep tendonitis/rupture

IV. Muscle (extrinsic muscles (i.e. not rotator cuff) Pec major, deltoid, trapezius)
   A. Basic Science*
       1 B
   B. Clinical
       1. Classification of Injury/Disease (traumatic, inflammatory, tumor)
           a. Traumatic
           b. Inflammatory
           c. Other - tumor
       2. Evaluation**
       3. Management***
           a. Non-Operative^A
               i. Strains/ruptures (eg. pec major)
               1 B
                   ii. Tumors
               2 C
           b. Operative^B
               i. Strains/ruptures
               1 B
                   ii. Tumors
               2 C

V. Bone (humerus)
   A. Basic Science*
       1 B
   B. Clinical
       1. Classification of Injury/Disease
           a. Traumatic (intra articular, extra articular)
               i. Stress fracture
               1 B
                   ii. Macro fracture
               1 B
           b. Disease
               i. Metabolic
               2 C
                   ii. Infectious
               2 C
                   iii. Tumors
               2 C
       2. Evaluation**
       3. Management***
           a. Non-Operative^A
               i. Traumatic
               aa. Intra articular (glenohumeral)
               1 B
                   bb. Extra articular
                   (humerus,tuberosities)
               1 B
               ii. Disease
               aa. Metabolic
               2 C
                   bb. Infectious
               2 C
                   cc. Tumors
               2 C
           b. Operative^B
               i. Traumatic
               aa. Intra articular (glenohumeral)
               2 B
                   bb. Extra articular
                   Humerus
                   (stress function, macro function)
               2 B
                   Tuberosities
               2 B

IV. Nerve (Brachial plexus, peripheral, axillary, supra scapular n., long thoracic n.)
   A. Basic Science*
       1 B
   B. Clinical
       1. Classification of Injury/Disease
           a. Traumatic
           2 C
b. Inflammatory 2 C

c. Other - tumor 2 C

2. Evaluation** 1 C

3. Management***

a. Non-Operative^A
   i. Traumatic (neuropraxia to axonotmesis)
      aa. Brachial plexus
         i. Stingers 1 B
         ii. Thoracic outlet 2 C
      bb. Suprascapular n. entrapment 2 B
         cc. Long thoracic n. 2 B
   ii. Inflammatory
      aa. Brachial plexopathy 2 C
      iii. Tumor 2 C

b. Operative^B
   i. Traumatic (neuropraxia to axonotmesis)
      aa. Brachial plexus
      bb. Suprascapular n. entrapment 2 C
      cc. Long thoracic n. 2 C
   ii. Inflammatory
      ii. Tumor 2 C

VII. Vessel (subclavian, axillary)

A. Basic Science*

B. Clinical

1. Classification of Injury/Disease
   a. Traumatic (rupture, external compression) 1 C
   b. Inflammatory (included occlusion) 2 C
   c. Tumor 2 C

2. Evaluation** 1 C

3. Management***

a. Non-Operative^A
   i. Traumatic 1 C
   ii. Inflammatory 2 C
   iii. Tumor 2 C

b. Operative^B
   i. Traumatic 2 C
   ii. Inflammatory 2 C
   iii. Tumor 2 C
SHOULDER/acromioclavicular

I. Ligament
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease
         a. Traumatic (sprains/separations (I-IV)) 1 B
         b. Inflammatory 1 B
         c. Tumor 1 B
      2. Evaluation** 1 B
      3. Management***
         a. Non-Operative A
            i. Traumatic (sprains/strains) 1 B
            ii. Inflammatory 1 B
            iii. Tumor 2 C
         b. Operative B
            i. Traumatic 1 B
            ii. Inflammatory 1 B
            iii. Tumor 2 C

II. Cartilage (articular, meniscal)
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease
         a. Traumatic (post-traumatic, OA) 1 B
         b. Inflammatory (DJD, osteolysis, etc.) 1 B
         c. Tumor 2 C
      2. Evaluation** 1 B
      3. Management***
         a. Non-Operative A
            i. Traumatic 1 B
            ii. Inflammatory (DJD, osteolysis, etc.) 1 B
            iii. Tumor 2 C
         b. Operative B
            i. Traumatic 1 B
            ii. Inflammatory 1 B
            iii. Tumor 2 C

III. Tendon - Not applicable
IV. Muscle - Not applicable

V. Bone (includes acromion, clavicle and joint)
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease
         a. Traumatic - fractures, non-unions
            i. Intra articular 1 B
            ii. Extra articular 1 B
         b. Inflammatory
            i. Osteolysis 1 B
            ii. Os acromiale 1 B
            c. Tumor 2 C
      2. Evaluation** 1 B
3. Management***
   a. Non-Operative
      i. Traumatic (fractures)
         aa. Intra articular
         bb. Extra articular
            Clavicle 1 B
            Acromion 1 B
      ii. Inflammatory
         aa. Osteolysis 1 B
         bb. Os acromiale 1 B
      iii. Tumor 2 C
   b. Operative
      i. Traumatic (fracture)
         aa. Intra articular 2 C
         bb. Extra articular
            Clavicle 1 B
            Acromion 1 B
      ii. Tumor 2 C

VI. Nerve
VII. Vessel

SHOULDER/scapulothoracic
I. Ligament - Not applicable
II. Cartilage - Not applicable
III. Tendon - Not applicable
IV. Muscle -
   A. Basic Science* 2 C
   B. Clinical
      1. Classification of Injury/Disease
         a. Traumatic 1 B
         b. Inflammatory 1 B
         c. Tumor 2 C
      2. Evaluation**
      3. Management***
         a. Non-Operative
            i. Traumatic 2 C
            ii. Inflammatory 2 C
            iii. Tumor 2 C
         b. Operative
            i. Traumatic 2 C
            ii. Inflammatory 2 C
            iii. Tumor 2 C

V. Bone
   A. Basic Science* 2 C
   B. Clinical
      1. Classification of Injury/Disease
         a. Traumatic fractures
            i. Scapula fractures 1 B
            ii. Rib fractures 1 B
         b. Inflammatory (bursitis) 1 B
c. Tumor 2 C
2. Evaluation** 1 B
3. Management***
a. Non-Operative^A
   i. Traumatic 2 C
      aa. Scapula fracture 1 C
      bb. Rib fracture 1 C
   ii. Inflammatory (bursitis) 1 C
   iii. Tumor 2 C
b. Operative^B
   i. Traumatic 2 C
      aa. Scapula fracture 2 C
      bb. Rib fracture 2 C
   ii. Inflammatory (bursitis) 2 C
   iii. Tumor 2 C

VI. Nerve
A. Basic Science* 1 B
B. Clinical
   1. Classification of Injury/Disease
      a. Traumatic (winging of the scapula) 1 B
      b. Inflammatory 1 B
      c. Tumor 2 C
   2. Evaluation** 1 B
   3. Management***
      a. Non-Operative^A
      b. Operative^B 1 B

VII. Vessel - See Glenohumeral Joint

**SHOULDER/sternoclavicular**
I. Ligament
A. Basic Science* 1 B
B. Clinical
   1. Classification of Injury/Disease
      a. Traumatic 1 B
      b. Inflammatory 1 B
      c. Other - tumor 2 C
   2. Evaluation** 1 B
   3. Management***
      a. Non-Operative^A
      i. Strains/sprains 1 B
      ii. Inflammatory 1 C
      iii. Tumor 2 C
      b. Operative^B
      i. Strains/sprains 2 C
      ii. Inflammatory 2 C
      iii. Tumor 2 C

II. Cartilage
A. Basic Science* 1 B
B. Clinical

1. Classification of Injury/Disease
   a. Traumatic  
   b. Inflammatory  
   c. Other - tumor  

2. Evaluation**  

3. Management***
   a. Non-Operative^A
      i. Traumatic  
      ii. Inflammatory(arthritis, infection)  
      iii. Tumor  
   b. Operative^B
      i. Traumatic  
      ii. Inflammatory  
      iii. Tumor  

III. Tendon - Not applicable
IV. Muscle - Not applicable
V. Bone

A. Basic Science^*  
B. Clinical

1. Classification of Injury/Disease
   a. Traumatic  
   b. Inflammatory  
   c. Other - tumor  

2. Evaluation**  

3. Management***
   a. Non-Operative^A
      i. Traumatic (fractures)
         aa. Intraarticular  
         bb. Epiphyseal  
      ii. Inflammatory  
      iii. Tumor  
   b. Operative^B
      i. Traumatic  
      ii. Inflammatory  
      iii. Tumor  

VI. Nerve - See Glenohumeral Joint
VII. Vessel - See Glenohumeral Joint
# Musculoskeletal

See "Template for the Musculoskeletal Section of the Educational Curriculum" for an explanation of this section's format.

## ELBOW

### I. Ligament

| A. Basic Science* | 1 | B |
| B. Clinical | | |
| 1. Classification of Injury/Disease | 1 | B |
| 2. Evaluation** | 1 | A |
| 3. Management*** | | |
| a. Non-OperativeA | | |
| i. Acute medial rupture | 1 | B |
| ii. Chronic medial instability | 2 | B |
| iii. Dislocations | 1 | C |
| b. OperativeB | | |
| i. Acute medial rupture | 2 | B |
| ii. Acute lateral rupture | 2 | B |
| iii. Chronic medial instability | 2 | B |
| iv. Dislocation | 2 | C |

### II. Cartilage

| A. Basic Science* | 1 | C |
| B. Clinical | | |
| 1. Classification of Injury/Disease | | |
| a. OCD (Loose bodies) | 1 | B |
| b. DJD | 2 | C |
| 2. Evaluation** | 1 | B |
| 3. Management*** | | |
| a. Non-OperativeA | | |
| i. OCD | 1 | B |
| ii. DJD | 2 | C |
| b. OperativeB (open/arthroscopic) | | |
| i. OCD | 2 | B |
| ii. DJD | 2 | C |

### III. Tendon

| A. Basic Science* | 1 | B |
| B. Clinical | | |
| 1. Classification of Injury/Disease | | |
| a. Epicondylitis | 1 | B |
| b. Biceps/triceps - tendinitis | 1 | B |
| c. Biceps/triceps - ruptures | 1 | B |
| 2. Evaluation** | 1 | B |
| 3. Management*** | | |
| a. Non-OperativeA | | |
| i. Lat. Epicondylitis | 1 | B |
| ii. Medial (Flexor/Pronator) tendinitis | 1 | B |
| iii. Biceps tendinitis/triceps | 1 | C |
| iv. Tendon rupture | 1 | C |
| b. OperativeB | | |
i. Lat. Epicondylitis 2 B
ii. Medial tendinitis 2 B
iii. Biceps rupture 2 B
iv. Tendon rupture 2 B

IV. Muscle - Not applicable

V. Bone
A. Basic Science*
B. Clinical
1. Classification of Injury/Disease
   a. Supracondylar fracture 1 C
   b. Radial head fracture 1 C
   c. Olecranon fracture 1 C
2. Evaluation**
3. Management***
   a. Non-OperativeA
      i. Supracondylar fracture 1 B
      ii. Radial head fracture 1 B
      iii. Olecranon fracture 1 B
      iv. Coronoid fracture 1 B
      v. Tumors (benign) 2 C
   b. OperativeB
      i. Supracondylar fracture 2 C
      ii. Radial head fracture 2 B
      iii. Olecranon fracture 2 C
      iv. Coronoid fracture 2 C
      v. Tumors (benign) 2 C
      vi. Tumors (malignant) 2 C

VI. Nerve
A. Basic Science*
B. Clinical
1. Classification of Injury/Disease 1 B
2. Evaluation** 1 B
3. Management***
   a. Non-OperativeA
      i. Ulnar n. entrapment 2 B
      ii. Post. interosseous n. entrapment 2 B
   b. OperativeB
      i. Ulnar n. entrapment 2 B
      ii. Post. interosseous n. entrapment 2 C

VII. Vessel - Not applicable
## WRIST/HAND

### I. Ligament

<table>
<thead>
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<th>Basic Science*</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Classification of Injury/Disease</td>
<td>2 B</td>
</tr>
<tr>
<td>a. Carpal instability</td>
<td>2 B</td>
</tr>
<tr>
<td>b. Thumb MCP instability</td>
<td>2 B</td>
</tr>
<tr>
<td>2. Evaluation**</td>
<td>1 B</td>
</tr>
<tr>
<td>3. Management***</td>
<td></td>
</tr>
<tr>
<td>a. Non-OperativeA</td>
<td></td>
</tr>
<tr>
<td>i. Wrist sprain</td>
<td>1 B</td>
</tr>
<tr>
<td>ii. DRUJ sprain</td>
<td>2 B</td>
</tr>
<tr>
<td>iii. Thumb MCP sprain</td>
<td>1 B</td>
</tr>
<tr>
<td>iv. Finger sprain</td>
<td>1 C</td>
</tr>
<tr>
<td>v. Finger dislocation</td>
<td>1 C</td>
</tr>
<tr>
<td>b. OperativeB</td>
<td></td>
</tr>
<tr>
<td>i. Wrist instability (acute/chronic)</td>
<td>2 C</td>
</tr>
<tr>
<td>ii. DRUJ instability (acute/chronic)</td>
<td>2 C</td>
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<tr>
<td>iii. Skier's thumb (Thumb UCL Sprain)</td>
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<tr>
<td>iv. Thumb RCL sprain</td>
<td>2 C</td>
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<tr>
<td>v. Finger dislocation</td>
<td>1 C</td>
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### II. Cartilage

<table>
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<td>1. Classification of Injury/Disease</td>
<td>2 C</td>
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<tr>
<td>2. Evaluation**</td>
<td>1 B</td>
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<tr>
<td>3. Management***</td>
<td></td>
</tr>
<tr>
<td>a. Non-OperativeA</td>
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</tr>
<tr>
<td>i. TFC tear</td>
<td>2 B</td>
</tr>
<tr>
<td>ii. DJD - thumb - CMC</td>
<td>2 C</td>
</tr>
<tr>
<td>iii. DJD - carpals</td>
<td>2 C</td>
</tr>
<tr>
<td>iv. DJD - fingers</td>
<td>2 C</td>
</tr>
<tr>
<td>b. OperativeB (open/arthroscopic)</td>
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</tr>
<tr>
<td>i. TFC tears</td>
<td>2 B</td>
</tr>
<tr>
<td>ii. DJD - thumb - CMC</td>
<td>2 C</td>
</tr>
<tr>
<td>iii. DJD - fingers</td>
<td>2 C</td>
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### III. Tendon

<table>
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<tr>
<td>a. Hand lacerations</td>
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</tr>
<tr>
<td>2. Evaluation**</td>
<td>1 B</td>
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<tr>
<td>3. Management***</td>
<td></td>
</tr>
<tr>
<td>a. Non-OperativeA</td>
<td></td>
</tr>
<tr>
<td>i. DeQuervain's</td>
<td>2 C</td>
</tr>
</tbody>
</table>
ii. Flexor strains 2 B
iii. Extensor strains 2 B
iv. Mallet finger 1 C
ev. Lacerations 2 B
vi. Trigger finger 2 C

b. OperativeB
i. DeQuervain's 2 C
ii. Mallet finger 2 B
iii. Lacerations 2 C
iv. Trigger finger 2 C

IV. Muscle

V. Bone

A. Basic Science* 1 B
B. Clinical

1. Classification of Injury/Disease
   a. Distal radial 1 B
   b. Thumb MC 2 B
c. Finger 1 C
d. Scaphoid 1 C

2. Evaluation** 1 B
3. Management***
   a. Non-OperativeA
      i. Distal radial fracture 1 B
      ii. Scaphoid fracture 2 B
      iii. Hamate fracture 2 B
      iv. Thumb MC fracture 2 B
      v. MC fracture 2 C
      vi. Phalanx fracture 1 C
      vii. Lunate AVN (Kienbock's) 2 C
      viii. Tumors (benign) 2 C
   b. OperativeB
      i. Distal radial fracture 1 B
      ii. Scaphoid fracture 2 C
      iii. Hamate fracture 2 B
      iv. Thumb MC fracture 1 C
      v. Phalanx fracture 1 C
      vi. Lunate AVN 2 C
      vii. Tumors (benign) 2 C
      viii. Tumors (malignant) 2 C

VI. Nerve

A. Basic Science* 1 B
B. Clinical

1. Classification of Injury/Disease 1 C
2. Evaluation** 1 B
3. Management***
   a. Non-OperativeA
      i. Carpal tunnel 1 C
      ii. Ulnar n. compression 1 C
   b. OperativeB
      i. Carpal tunnel 2 B
      ii. Ulnar n. compression 2 C
### VII. Vessel

#### A. Basic Science*

#### B. Clinical

1. Evaluation**

2. Management***

   a. Non-OperativeA
      1. Raynaud's Syndrome 2 C
      2. Thrombosis 2 C
      3. Laceration 1 C
   
   b. OperativeB
      1. Laceration 2 C


---

iii. Digital n. laceration 2 C
# Musculoskeletal

See "Template for the Musculoskeletal Section of the Educational Curriculum" for an explanation of this section's format.

<table>
<thead>
<tr>
<th>TOPIC</th>
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<th>Knowledge</th>
<th>Instruction</th>
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<td>I. Ligament</td>
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<td>A. Basic Science*</td>
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<td>B</td>
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<tr>
<td>B. Clinical</td>
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</tr>
<tr>
<td>1. Classification of Injury/Disease</td>
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</tr>
<tr>
<td>a. SI sprain</td>
<td>1</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>b. Hip subluxation/dislocation</td>
<td>1</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>c. Osteitis Pubis</td>
<td>1</td>
<td>B</td>
<td></td>
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<tr>
<td>2. Evaluation**</td>
<td>1</td>
<td>B</td>
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<tr>
<td>3. Management***</td>
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<tr>
<td>a. Non-OperativeA</td>
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<tr>
<td>i. Ligamentous sprain</td>
<td>1</td>
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<td>ii. SI joint sprain</td>
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<tr>
<td>iii. Osteitis Pubis</td>
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<tr>
<td>b. OperativeB</td>
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<tr>
<td>i. Osteitis Pubis</td>
<td>2</td>
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<tr>
<td>II. Cartilage and Labral Injuries</td>
<td></td>
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<td>A. Basic Science*</td>
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<td>B. Clinical</td>
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<tr>
<td>1. Classification of Injury/Disease</td>
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<td>3. Management***</td>
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<tr>
<td>a. Non-OperativeA</td>
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<tr>
<td>i. Loose bodies</td>
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<tr>
<td>ii. Chondral lesions</td>
<td>1</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>iii. Degenerative arthritis</td>
<td>1</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>iv. Labral tear</td>
<td>1</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>b. OperativeB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Loose bodies</td>
<td>2</td>
<td>C</td>
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<tr>
<td>ii. Chondral lesions</td>
<td>2</td>
<td>C</td>
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<tr>
<td>iii. Degenerative arthritis</td>
<td>2</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>iv. Labral tear</td>
<td>2</td>
<td>C</td>
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<tr>
<td>III. Tendon</td>
<td></td>
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<tr>
<td>A. Basic Science*</td>
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<tr>
<td>B. Clinical</td>
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<tr>
<td>1. Classification of Injury/Disease</td>
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<tr>
<td>2. Evaluation**</td>
<td>1</td>
<td>B</td>
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</tr>
<tr>
<td>3. Management***</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>a. Non-OperativeA</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>i. Greater trochanteric bursitis</td>
<td>1</td>
<td>B</td>
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<tr>
<td>ii. &quot;Snapping hip&quot; syndrome</td>
<td>1</td>
<td>B</td>
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<tr>
<td>b. OperativeB</td>
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<td></td>
</tr>
<tr>
<td>i. Greater trochanteric bursitis</td>
<td>2</td>
<td>C</td>
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<tr>
<td>ii. &quot;Snapping hip&quot; syndrome</td>
<td>2</td>
<td>C</td>
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<tr>
<td>IV. Muscle</td>
<td></td>
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</tr>
</tbody>
</table>
A. Basic Science* 1 B
B. Clinical

1. Classification of Injury/Disease
   a. Strain 1 B
   b. Contusion 1 B
2. Evaluation** 1 B
3. Management***
   a. Non-OperativeA
      i. Strain 1 B
      ii. Contusion 1 B

V. Bone

A. Basic Science* 1 B
B. Clinical

1. Classification of Injury/Disease
   a. Pelvic Ring fractures 1 B
   b. Avulsion fractures 1 B
c. Hip fractures 1 B
d. Stress fractures 1 B
e. Hip dislocations 1 B
f. Avascular Necrosis 1 B
g. Slipped Capital Femoral Epiphysis 1 B
2. Evaluation**
3. Management***
   a. Non-OperativeA
      i. Pelvic Ring fractures 1 B
      ii. Avulsion fractures 1 B
      iii. Acetabular fractures 1 B
      iv. Femoral head fractures 1 B
      v. Femoral neck fracture 1 B
      vi. Trochaneric fractures 1 B
      vii. Hip dislocation 1 B
      viii. Avascular Necrosis 1 B
      ix. Slipped Capital Femoral Epiphysis 1 B
   b. OperativeB
      i. Pelvic Ring fractures 2 C
      ii. Avulsion fractures 2 C
      iii. Acetabular fractures 2 C
      iv. Femoral head fractures 2 C
      v. Femoral neck fracture 2 C
      vi. Pertrochaneric fractures 2 C
      vii. Hip dislocation 2 C
      viii. Avascular Necrosis 2 C
      ix. Slipped Capital Femoral Epiphysis 2 C

VI. Nerve

A. Basic Science* 1 B
B. Clinical

1. Classification of Injury/Disease
2. Evaluation** 1 B
3. Management***
   a. Non-OperativeA
      i. Femoral nerve 1 B
VII. Vascular Injuries
   
   A. Basic Science*
   B. Clinical
      
      1. Classification of Injury/Disease
      2. Evaluation**
      3. Management***
         a. Non-OperativeA
            i. Femoral artery and vein
         b. OperativeB
            i. Femoral artery and vein

   b. OperativeB
      i. Femoral nerve
      ii. Sciatic nerve
      iii. Obturator nerve
# Musculoskeletal

See "Template for the Musculoskeletal Section of the Educational Curriculum" for an explanation of this section's format.

<table>
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<td>I. Ligament (ACL, PCL, MCL, LCL/posterolateral corner)</td>
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<tr>
<td>1. Classification of Injury/Disease (traumatic, inflammatory, tumor)</td>
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<tr>
<td>2. Evaluation**</td>
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<td>cc. MCL</td>
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<td>dd. Posterolateral</td>
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<td>ii. Combined injuries</td>
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<tr>
<td>aa. ACL/medial</td>
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</tr>
<tr>
<td>bb. ACL/lateral</td>
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<tr>
<td>cc. PCL/medial</td>
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<td>dd. PCL/lateral</td>
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</tr>
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<td>iii. Dislocated knee</td>
<td>2 A</td>
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<td>iv. Arthritis/Instability</td>
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<tr>
<td>II. Cartilage/Articular (chondral, osteochondral)</td>
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<td>A. Basic Science*</td>
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<td>B. Clinical</td>
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<td>1. Classification of Injury/Disease</td>
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<tr>
<td>a. Etiology</td>
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<td>i. Traumatic</td>
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<td>ii. Degenerative</td>
<td>1 C</td>
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<td>iii. Inflammatory</td>
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</tr>
<tr>
<td>iv. Tumor</td>
<td>1 C</td>
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<tr>
<td>v. Other</td>
<td>1 C</td>
</tr>
<tr>
<td>b. Timing</td>
<td></td>
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<tr>
<td>i. Acute vs. chronic</td>
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</tr>
<tr>
<td>c. Location</td>
<td></td>
</tr>
<tr>
<td>i. Depth/size</td>
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<td>2. Evaluation**</td>
<td>1 B</td>
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<tr>
<td>3. Management***</td>
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</tr>
</tbody>
</table>
III. Meniscal

A. Basic Science

B. Clinical

1. Classification of Injury/Disease (see articular cartilage)
2. Evaluation
3. Management

a. Non-Operative

b. Operative

i. Traumatic (acute/chronic)
   aa. Chondral
   bb. Osteochondral

ii. Degenerative

iii. Inflammatory

IV. Tendon (quadriceps, patellar, hamstring, popliteus)

A. Basic Science

B. Clinical

1. Classification of Injury/Disease (traumatic, inflammatory, other)
2. Evaluation
3. Management

a. Non-Operative

b. Operative

i. Traumatic
   aa. Partial tear
   bb. Complete tear

ii. Inflammatory (tendinitis, bursitis)
   aa. Acute
   bb. Chronic

iii. Other

V. Muscle (thigh, lower leg)

A. Basic Science

B. Clinical

1. Classification of Injury/Disease
   a. Traumatic
      i. Strain
      ii. Contusion
   b. Inflammatory
   c. Disease

2. Evaluation
3. Management***

a. Non-Operative^A
   i. Traumatic
      aa. Strain 1 B
      bb. Contusion 1 B
      cc. Compartment syndrome - chronic & acute 1 B
   ii. Inflammatory
      aa. Post exercise 1 B
   iii. Disease
      aa. Tumor 2 C
      bb. Infection 2 C
      cc. Neuropathic 2 C

b. Operative^B
   i. Traumatic
      aa. Strain 2 B
      bb. Contusion 2 B
   ii. Inflammatory 2 C
   iii. Disease
      aa. Tumor 2 C
      bb. Infection 2 C
      cc. Neuropathic 2 C

VI. Bone (femur, intra-articular, tibia, fibula)
   A. Basic Science*  2 B
   B. Clinical

1. Classification of Injury/Disease
   a. Traumatic (intra articular, extra articular)
      i. Fracture 1 B
      ii. Stress fracture 1 B
   b. Disease
      i. Metabolic 1 B
      ii. Infectious 1 B
      iii. Tumors 2 C

2. Evaluation**  1 B

3. Management***
   a. Non-Operative^A
      i. Traumatic
         aa. Fracture 1 B
         bb. Stress fracture 1 B
      ii. Disease
         aa. Metabolic 2 C
         bb. Infectious 2 C
         cc. Tumors 2 C
   b. Operative^B
      i. Traumatic
         aa. Fracture 1 B
         bb. Stress fracture 1 B
      ii. Disease
         aa. Metabolic 2 C
         bb. Infectious 2 C
VII. Nerve (sciatic, femoral, tibial, peroneal)
A. Basic Science*  
B. Clinical  
1. Classification of Injury/Disease (traumatic, inflammatory)  
2. Evaluation**  
3. Management***  
   a. Non-Operative^A  
      i. Injury  
         aa. Rupture  
         bb. Entrapment  
      ii. Disease  
         aa. Inflammatory  
         bb. Tumor  
   iii. Other  
   b. Operative^B  
      i. Injury  
         aa. Rupture  
         bb. Entrapment  
      ii. Disease  
         aa. Inflammatory  
         bb. Tumor  

VIII. Vessel (popliteal, geniculates, tibial)
A. Basic Science*  
B. Clinical  
1. Classification of Injury/Disease  
   a. Traumatic  
   b. Inflammatory  
   c. Tumor  
2. Evaluation**  
3. Management***  
   a. Non-Operative^A  
      i. Traumatic  
         aa. Partial rupture (intimal tear)  
         bb. Complete  
      ii. Inflammatory (incl. occlusion)  
         (e.g. PUT, arterial occl.)  
      iii. Tumors  
   b. Operative^B  
      i. Traumatic  
         aa. Partial rupture (intimal tear)  
         bb. Complete  
      ii. Inflammatory (incl. occlusion)  
      iii. Tumors  

KNEE/patello femoral
I. Ligament (ACL, PCL, MCL, LCL/posterolateral corner)
A. Basic Science*  
B. Clinical  
1. Classification of Injury/Disease(traumatic, inflammatory, tumor)
2. Evaluation**  1  B
3. Management***
   a. Non-Operative^A
      i. Isolated
         aa. ACL  1  A
         bb. PCL  1  A
         cc. MCL  1  A
         dd. LCL/Posterolateral  1  A
      ii. Combined injuries  1  A
      iii. Dislocated knee  2  A
      iv. Arthritis/Instability  2  A
   b. Operative^B
      i. Isolated
         aa. ACL  1  A
         bb. PCL  2  A
         cc. MCL  2  A
         dd. Posterolateral  2  A
      ii. Combined injuries
         aa. ACL/medial  2  A
         bb. ACL/lateral  2  A
         cc. PCL/medial  2  A
         dd. PCL/lateral  2  A
      iii. Dislocated knee  2  A
      iv. Arthritis/Instability  2  A

II. Cartilage/Articular (chondral, osteochondral)
   A. Basic Science^*
   B. Clinical
      1. Classification of Injury/Disease  1  B
         a. Etiology
            i. Traumatic  1  C
            ii. Degenerative  1  C
            iii. Inflammatory  1  C
            iv. Tumor  1  C
            v. Other  1  C
         b. Timing
            i. Acute vs. chronic  1  B
         c. Location
            i. Depth/size  1  B
      2. Evaluation**  1  B
      3. Management***
         a. Non-Operative^A  1  B
         b. Operative^B
            i. Traumatic (acute/chronic)
               aa. Chondral  1  A
               bb. Osteochondral  1  A
            ii. Degenerative  1  A
            iii. Inflammatory  1  A

III. Meniscal
   A. Basic Science^*
   B. Clinical
1. Classification of Injury/Disease (see articular cartilage) 1 B
2. Evaluation** 1 B
3. Management***
   a. Non-Operative^A 1 B
   b. Operative^B
      i. Meniscectomy 1 A
      ii. Meniscal repair 1 A
      iii. Meniscal replacement 2 A

IV. Tendon (quadriceps, patellar, hamstring, popliteus)
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease (traumatic, Inflammatory, Other) 1 B
      2. Evaluation** 1 B
      3. Management***
         a. Non-Operative^A
         i. Traumatic
            aa. Partial tear 1 B
            bb. Complete tear 1 B
         ii. Inflammatory(tendinitis, bursitis)
            aa. Acute 1 B
            bb. Chronic 1 B
         iii. Other 2 C
         b. Operative^B
            i. Traumatic
               aa. Partial tear 2 B
               bb. Complete tear 2 B
            ii. Inflammatory(tendinitis, bursitis)
               aa. Acute 2 B
               bb. Chronic 2 B
            iii. Other 2 C

V. Muscle (thigh, lower leg)
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease
         a. Traumatic
            i. Strain 1 B
            ii. Contusion 1 B
         b. Inflammatory 1 B
         c. Disease 1 B
      2. Evaluation** 1 B
      3. Management***
         a. Non-Operative^A
         i. Traumatic
            aa. Strain 1 B
            bb. Contusion 1 B
            cc. Compartment syndrome - chronic & acute 1 B
         ii. Inflammatory
            aa. Post exercise 1 B
         iii. Disease
VI. Bone (femur, intra-articular, tibia, fibula)
A. Basic Science* 2 B
B. Clinical
  1. Classification of Injury/Disease 1 B
     a. Traumatic (intra articular, extra articular)
        i. Fracture
        ii. Stress fracture
     b. Disease
        i. Metabolic
        ii. Infectious
        iii. Tumors
  2. Evaluation** 1 B
  3. Management***
     a. Non-Operative^A
        i. Traumatic
           aa. Fracture 1 B
           bb. Stress fracture 1 B
        ii. Disease
           aa. Metabolic 2 C
           bb. Infectious 2 C
           cc. Tumors 2 C
     b. Operative^B
        i. Traumatic
           aa. Fracture 1 B
           bb. Stress fracture 1 B
        ii. Disease
           aa. Metabolic 2 C
           bb. Infectious 2 C
           cc. Tumors 2 C

VII. Nerve (sciatic, femoral, tibial, peroneal)
A. Basic Science* 1 C
B. Clinical
  1. Classification of Injury/Disease (traumatic, inflammatory) 1 C
  2. Evaluation** 1 C
  3. Management***
     a. Non-Operative^A
        i. Injury
           aa. Rupture 2 C
II. Disease
   a. Inflammatory 2 C
   b. Tumor 2 C

III. Other
   b. Operative B
      i. Injury
         aa. Rupture 2 C
         bb. Entrapment 2 C
      ii. Disease
         aa. Inflammatory 2 C
         bb. Tumor 2 C

VIII. Vessel (popliteal, geniculates, tibial)
   A. Basic Science* 2 C
   B. Clinical
      1. Classification of Injury/Disease
         a. Traumatic 1 B
         b. Inflammatory 1 B
         c. Tumor 2 C
      2. Evaluation** 1 B
      3. Management*** 1 B
         a. Non-Operative A
            i. Traumatic
               aa. Partial rupture (intimal tear) 1 B
               bb. Complete 1 B
            ii. Inflammatory (incl. occlusion) 1 C
               (e.g. PUT, arterial occlusion)
            iii. Tumors 2 C
         b. Operative B
            i. Traumatic
               aa. Partial rupture (intimal tear) 2 C
               bb. Complete 2 C
            ii. Inflammatory (incl. occlusion) 2 C
            iii. Tumors 2 C
**Musculoskeletal**

*See "Template for the Musculoskeletal Section of the Educational Curriculum" for an explanation of this section's format.*

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<td>B. Clinical</td>
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<td>1. Classification of Injury/Disease</td>
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<td>i. Posterior tibial tendonitis</td>
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<td>ii. Peroneal tendonitis</td>
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<td>iii. Compartment syndromes</td>
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<td>iv. Gastrocsoleus muscle tendon injuries</td>
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<td>b. OperativeB</td>
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<td>i. Posterior tibial tendonitis</td>
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<td>ii. Peroneal tendonitis</td>
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<td>iii. Compartment syndromes</td>
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<td>iv. Gastrocsoleus muscle tendon injuries</td>
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<td>V. Bone</td>
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<td>A. Basic Science*</td>
<td>1 B</td>
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<td>ii. Stress fractures</td>
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<td>ii. Fractures</td>
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<td><strong>ANKLE</strong></td>
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<td>B. Clinical</td>
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<td>1. Classification of Injury/Disease</td>
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b. Operative
   i. Ankle sprains
     aa. Acute 1 A
     bb. Chronic 1 A

II. Cartilage
   A. Basic Science* 1 B
   B. Clinical
     1. Classification of Injury/Disease
        a. Traumatic
           i. OCD 1 B
           ii. Osteochondral fractures 1 B
           iii. Chondral injury 1 B
        b. Degenerative
           i. DJD 1 B
           ii. Loose bodies 1 B
     2. Evaluation** 1 B
     3. Management***
        a. Non-Operative A 1 B
        b. Operative B
           i. Open/arthroscopic 1 A

III. Tendon
   A. Basic Science* 1 B
   B. Clinical
     1. Classification of Injury/Disease
     2. Evaluation** 1 B
     3. Management***
        a. Non-Operative A
           i. Tendonitis
              aa. Achilles 1 B
              bb. Posterior tibial 1 B
              cc. Peroneal 1 B
              dd. Bursitis 1 B
              ee. Retrocalcaneal bursitis 1 B
        b. Operative B
           i. Achilles tendon rupture/tendinitis 1 A
           ii. Posterior tibial tendinitis/rupture 1 A
           iii. Peroneal tendinitis/rupture 1 A
           iv. Retrocalcaneal bursitis 1 A

IV. Muscle
   A. Basic Science* 1 B
   B. Clinical
     1. Classification of Injury/Disease
     2. Evaluation** 1 B
     3. Management***
        a. Non-Operative A
           i. Tendinitis
              aa. Achilles 1 B
              bb. Posterior tibial 1 B
              cc. Peroneal 1 B
           ii. Bursitis
              aa. Retrocalcaneal bursitis 1 B
b. OperativeB
   i. Tendinitis
      aa. Achilles tendinitis/rupture 1 A
      ii. Posterior tibial tendinitis/rupture 1 A
      iii. Peroneal tendinitis/rupture 1 A
   ii. Bursitis
      iv. Retrocalcaneal 1 A

V. Bone
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease
      2. Evaluation** 1 B
      3. Management***
         a. Non-OperativeA
            i. Osteochondritis dissecans of the talus 1 B
            ii. Talar dome fractures 1 B
            iii. Stress reactions - talus 1 B
            iv. Fracture - talus 1 B
            v. Fracture - malleoli 1 B
         b. OperativeB
            i. Osteochondritis dissecans of the talus 2 A
            ii. Talar dome fractures 2 A
            iii. Fracture - talus 1 A
            iv. Fracture - malleoli 1 A

VI. Nerve - Posterior MB, Saphenous, Peroneal tarsal tunnel
VII. Vessel - Not applicable
# Musculoskeletal

*See "Template for the Musculoskeletal Section of the Educational Curriculum" for an explanation of this section's format.*

<table>
<thead>
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<th>SCORE</th>
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<td>FOOT</td>
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<tr>
<td>I. Ligament</td>
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<td>2. Evaluation**</td>
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<td>3. Management***</td>
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<td>a. Non-Operative^A</td>
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<tr>
<td>i. Mid-foot - sprains and diastasis (Lisfranc injuries)</td>
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<td>ii. Plantar fascia</td>
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<td>b. Operative^B</td>
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<td>i. Mid-foot - sprains and diastasis (Lisfranc injuries)</td>
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<td>ii. Plantar fascia</td>
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<td>II. Cartilage - Chondral injuries</td>
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<td>DJD - Hallux rigidus</td>
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<td>III. Tendon - Ruptures</td>
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<td>Flexor tendons</td>
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<td>Extensor tendon</td>
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<td>IV. Muscle - Compartment syndrome</td>
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<td>V. Bone</td>
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<td>bb. Hallux rigidus</td>
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<td>cc. Sesamoid injuries</td>
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<td>ii. Forefoot injuries</td>
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<td>aa. MTP joint injuries</td>
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<td>bb. Bunion</td>
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<td>cc. Metatarsal stress fracture</td>
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<td>dd. Fractures</td>
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<td>ee. Fractures at the base of the 5th metatarsal</td>
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<td>ff. Osteonecrosis</td>
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<td>gg. Tarsal coalition</td>
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<td>iii. Midfoot injuries</td>
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<tr>
<td>aa. Stress fractures</td>
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<td>bb. Accessory navicular</td>
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<tr>
<td>iv. Hindfoot injuries</td>
<td></td>
</tr>
</tbody>
</table>
### b. Operative

#### i. Toe Injuries
- aa. Hallus rigidus
- bb. Sesamoid injuries

#### ii. Forefoot Injuries
- aa. Bunions
- bb. Metatarsal stress fractures
- cc. Fractures
- dd. Fractures at the base of the 5th metatarsal
- ee. Osteonecrosis

#### iii. Midfoot Injuries
- aa. Stress fractures
- bb. Accessory navicular

#### iv. Hindfoot Injuries
- aa. Pes planus
- bb. Tarsal bossing
- cc. Calcaneal stress fracture
- dd. Plantar fasciitis

### VI. Nerve

#### A. Basic Science*

#### B. Clinical

1. Classification - nerve entrapment syndromes
2. Evaluation**
3. Management***

#### a. Non-Operative

- i. Interdigital neuroma
- ii. Tarsal tunnel syndrome

#### b. Operative

- i. Tarsal tunnel syndrome

### VII. Vessel - Not applicable

### VIII. Skin

#### A. Basic Science*

#### B. Clinical

1. Evaluation**
2. Management***

#### a. Non-Operative

- i. Blisters
- ii. Hard corns
- iii. Soft corns
- iv. Tinea pedis
- v. Plantar warts
- vi. Ingrown toenails

#### b. Operative

- i. Blisters
- ii. Hard corns
iii. Soft corns 2 A
iv. Plantars warts 2 A
v. Ingrown toenails 2 A
Musculoskeletal

See "Template for the Musculoskeletal Section of the Educational Curriculum" for an explanation for this section's format.

**TOPIC** | **SCORE**
---|---
**CERVICAL SPINE** | 
I. Ligament | 
A. Basic Science* | 1 | B 
B. Clinical | 
1. Classification of Injury/Disease | 1 | B 
2. Evaluation** | 1 | B 
3. Management*** | 
   a. Non-OperativeA | 
      i. Neck sprains | 1 | B 
      ii. Facet subluxation/dislocation | 1 | B 
      iii. Dislocation | 1 | B 
   b. OperativeB | 
      i. Facet subluxations/dislocations | 2 | C 
II. Cartilage - Not applicable | 
III. Tendon - Not applicable | 
IV. Muscle - Not applicable | 
V. Bone | 
A. Basic Science* | 1 | B 
B. Clinical | 
1. Classification of Injury/Disease | 1 | B 
2. Evaluation** | 1 | B 
3. Management*** | 
   a. Non-OperativeA | 
      i. C-1 fractures | 1 | B 
      ii. Odontoid fractures | 1 | B 
      iii. Spinous process fractures | 1 | B 
      iv. Fractures & dislocations of the cervical spine | 1 | B 
      v. Spinal Stenosis | 2 | C 
   b. OperativeB | 
      i. C-1 fractures | 2 | C 
      ii. Odontoid fractures | 2 | C 
      iii. Spinous process fractures | 2 | C 
      iv. Fractures & dislocations of the cervical spine | 2 | C 
      v. Spinal Stenosis | 2 | C 
VI. Nerve | 
A. Basic Science* | 1 | B 
B. Clinical | 
1. Classification of Injury/Disease | 1 | B 
2. Evaluation** | 1 | B 
3. Management*** | 
   a. Non-OperativeA | 
      i. Brachial plexus injuries | 
         aa. Burners & stingers | 1 | B 
         bb. Traumatic avulsions | 1 | B 
         cc. Herniated Disk | 1 | B
ii. Spinal cord injury to include paralysis 1 B

b. Operative
i. Brachial plexus injuries 2 C
ii. Spinal cord injury to include paralysis 2 C
iii. Herniated Disk 2 C

VII. Vessel - Not applicable

**SPINE**
I. Ligament
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease 1 B
      2. Evaluation** 1 B
      3. Management***
         a. Non-Operative
            i. Thoracolumbar sprains 1 B
            ii. Lumbosacral sprains 1 B
   II. Cartilage - Not applicable
   III. Tendon - Not applicable
IV. Muscle
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease 1 B
      2. Evaluation** 1 B
      3. Management***
         a. Non-Operative
            i. Strains 1 B
            ii. Contusions 1 B
V. Bone
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease 1 B
      2. Evaluation** 1 B
      3. Management***
         a. Non-Operative
            i. Kyphosis 1 B
            ii. Scoliosis 1 B
            iii. Spinous process fracture 1 B
            iv. Vertebral compression fractures of the thoracolumbar spine 1 B
            v. Fracture/dislocations of the thoracolumbar spine 1 B
            vi. Spondylolysis 1 B
            vii. Spondylolisthesis 1 B
            viii. Spondylitis and sacroiliatis 1 B
         b. Operative
            i. Spinous process fractures 2 C
            ii. Vertebral compression fractures of the thoracolumbar spine 2 C
            iii. Fracture/dislocation of the thoracolumbar spine 2 C
iv. Spondylolysis 2 C
v. Spondylolisthesis 2 C

VI. Nerve
   A. Basic Science* 1 B
   B. Clinical
      1. Classification of Injury/Disease 1 B
      2. Evaluation** 1 B
      3. Management***
         a. Non-OperativeA
            i. Sciatica 1 B
            ii. HNP 1 B
         b. OperativeB
            i. HNP 2 C

VII. Vessel - Not applicable