**New Application: Spinal Cord Injury**

**Review Committee for Physical Medicine and Rehabilitation**

**ACGME**

*New program applications must use the online application process within the Accreditation Data System (ADS). For further information, review the “*[*Application Instructions*](http://www.acgme.org/Portals/0/Documents/Common%20Resources/ApplicationInstructions.pdf?ver=2017-06-06-130246-257)*.”*

*This document contains the “Specialty-specific Application Questions.” After competing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

###### Oversight

**Sponsoring Institution**

1. Is the Sponsoring Institution a care center for persons with spinal cord dysfunction? [PR I.B.1.a)]  
  YES  NO

If “NO,” name the care center for spinal cord dysfunction with which the program is affiliated.   
[PR I.B.1.a)]

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| Click here to enter text. |

**Participating Sites**

1. If fellows will be assigned to rotations requiring daily attendance at a participating site requiring more than one hour of travel time, are they provided with overnight accommodations? [PR I.B.5.]  
     YES  NO

If “NO,” explain.

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| Click here to enter text. |

###### Personnel

**Faculty**

1. Indicate with a check mark the personnel who will interact regularly with fellows at each participating site and provide instruction on the areas of their practices relevant to spinal cord dysfunction. [PR II.B.1.b)]

| **Team Members** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Anesthesiology |  |  |  |  |
| Emergency medicine |  |  |  |  |
| Internal medicine |  |  |  |  |
| Neurology |  |  |  |  |
| Neurological surgery |  |  |  |  |
| Orthopaedic surgery |  |  |  |  |
| Pediatrics |  |  |  |  |
| Physical medicine and rehabilitation |  |  |  |  |
| Plastic surgery |  |  |  |  |
| Psychiatry |  |  |  |  |
| Diagnostic radiology |  |  |  |  |
| General/trauma surgery |  |  |  |  |
| Urology |  |  |  |  |

1. For categories of personnel that are unavailable, describe how that function will be addressed in the program.

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**Other Program Personnel**

1. Indicate whether staff members in the following disciplines will be available to the program. [PR II.D.1.]

| **Staff** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Occupational therapy | Choose an item. | Choose an item. | Choose an item. |
| Orthotics and prosthetics | Choose an item. | Choose an item. | Choose an item. |
| Physical therapy | Choose an item. | Choose an item. | Choose an item. |
| Psychology | Choose an item. | Choose an item. | Choose an item. |
| Rehabilitation nursing | Choose an item. | Choose an item. | Choose an item. |
| Respiratory therapy | Choose an item. | Choose an item. | Choose an item. |
| Social service | Choose an item. | Choose an item. | Choose an item. |
| Speech-language pathology | Choose an item. | Choose an item. | Choose an item. |
| Therapeutic recreation | Choose an item. | Choose an item. | Choose an item. |
| Vocational counseling | Choose an item. | Choose an item. | Choose an item. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Indicate the settings and activities in which fellows will develop proficiency in each of the following areas of patient care. Also indicate the method(s) used to evaluate proficiency in each area. [PR IV.B.1.b)]

| **Proficiency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| Performing a comprehensive neurologic assessment and determining the injury level of the patient [PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Performing a functional assessment based on neurological, musculoskeletal and cardiopulmonary examinations and psychosocial and prevocational evaluations  [PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Evaluating the stability of the spine [PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Coordinating and managing the transition from acute care to rehabilitation  [PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Referring and collaborating with programs of vocational rehabilitation in order to determine the functional goals for self-care, mobility, vocational and avocational activities based on the level and completeness of the lesion [PR IV.B.1.b).(1).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Establishing short- and long-term rehabilitation goals and coordinating the implementation of the rehabilitation program to meet such goals  [PR IV.B.1.b).(1).(a).(vi)] | Click here to enter text. | Click here to enter text. |
| Prescribing appropriate vehicle modifications and motor retraining and conditioning activities in order to promote independence in mobility and transportation, orthoses, and the adaptive equipment needed to meet the rehabilitation goals  [PR IV.B.1.b).(1).(a).(vii)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing assistive equipment, including motorized wheelchairs, environmental control systems, and home modifications  [PR IV.B.1.b).(1).(a).(viii)] | Click here to enter text. | Click here to enter text. |
| Determining when the rehabilitation goals have been achieved, finalizing the discharge plan, and arranging for the appropriate level of care to match the patient's needs  [PR IV.B.1.b).(1).(a).(ix)] | Click here to enter text. | Click here to enter text. |
| With appropriate consultation: | | |
| Coordinating treatment and infection control, including the judicious use of antimicrobials  [PR IV.B.1.b).(1).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing complications, including deep vein thrombosis, pulmonary embolus, autonomic hyperreflexia, substance abuse, pain, spasticity, depression, and the sequelae of associated illnesses and pre-existing diseases  [PR IV.B.1.b).(1).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing intercurrent disease, with special emphasis on the prevention and management of these diseases in patients at various levels of spinal cord injury  [PR IV.B.1.b).(1).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing the use of appropriate surgical procedures for skin problems, including resection of bone, the development of flaps for soft tissue coverage, and the pre- and post-operative management of these patients  [PR IV.B.1.b).(1).(b).(iv)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing: | | |
| Orthostatic hypotension and other cardiovascular abnormalities during initial mobilization of the patient  [PR IV.B.1.b).(1).(c).(i)] | Click here to enter text. | Click here to enter text. |
| Abnormalities and complications in other body systems resulting from spinal cord injury, including pulmonary, genitourinary, endocrine, metabolic, vascular, cardiac, gastrointestinal, and integumentary  [PR IV.B.1.b).(1).(c).(ii)] | Click here to enter text. | Click here to enter text. |
| Respiratory complications including: airway obstruction, atelectasis, pneumonia, and tracheal stenosis, and complications associated with ventilator-dependent patients with spinal cord injury, including invasive (i.e., tracheostomy) and non-invasive (i.e., oral/nasal interfaces) approaches, and phrenic nerve pacing  [PR IV.B.1.b).(1).(c).(iii)] | Click here to enter text. | Click here to enter text. |
| The care of patients with neurogenic bowel and bladder disfunction  [PR IV.B.1.b).(1).(c).(iv)] | Click here to enter text. | Click here to enter text. |
| Pain disorders associated with spinal cord disease/injury  [PR IV.B.1.b).(1).(c).(v)] | Click here to enter text. | Click here to enter text. |
| Musculoskeletal disorders associated with spinal cord disease/dysfunction, including shoulder pain, overuse syndromes, neck pain, shoulder subluxation, and heterotopic ossification  [PR IV.B.1.b).(1).(c).(vi)] | Click here to enter text. | Click here to enter text. |
| Skin problems utilizing specialized beds, cushions, wheelchairs, and pressure mapping  [PR IV.B.1.b).(1).(c).(vii)] | Click here to enter text. | Click here to enter text. |
| The treatment of the complications associated with chronic spinal cord injury, including pressure sores, spasticity, pain, urinary calculi, urinary tract infection, fractures, post-traumatic syringomyelia, and progressive respiratory decline  [PR IV.B.1.b).(1).(c).(viii)] | Click here to enter text. | Click here to enter text. |
| Post-acute medical care of patients with medical spinal cord disease/dysfunction, including multiple sclerosis, motor neuron disease, transverse myelitis, and disorders affecting the spinal cord, including infectious disorders, neoplastic disease, vascular disorders, toxic/metabolic disorders and congenital/developmental disorders  [PR IV.B.1.b).(1).(c).(ix)] | Click here to enter text. | Click here to enter text. |
| The special needs and problems of children and adolescents with spinal cord injury, including behavior, bladder, bowel, and skin care, growth and development, immunizations, mobility, nutrition, pediatrics, self-care, recreation and schooling  [PR IV.B.1.b).(1).(c).(x)] | Click here to enter text. | Click here to enter text. |
| The medications of patients with spinal cord injury, including changes in pharmacokinetics, pharmacodynamics, drug interactions, over-medication, and compliance  [PR IV.B.1.b).(1).(c).(xi)] | Click here to enter text. | Click here to enter text. |
| Providing regular follow-up, evaluation and preventive health care to keep the patient at his/her maximum health and rehabilitation status, and coordinating this care with the patient’s personal community physician  [PR IV.B.1.b).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Implementing, over the course of the individual patient's lifetime, a health maintenance and disease prevention program with early recognition and effective treatment of complications related to spinal cord dysfunction  [PR IV.B.1.b).(1).(e)] | Click here to enter text. | Click here to enter text. |
| Monitoring the evolution of neural dysfunction in order to recognize conditions that may require additional evaluation, consultation, or modification or treatment  [PR IV.B.1.b).(1).(f)] | Click here to enter text. | Click here to enter text. |
| Use of clinical neurophysiologic testing to assess the extent of neurapraxia, denervation, reinnervation, phrenic nerve function, and spinal cord function  [PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the settings and activities (lectures, conferences, journal clubs, clinical teaching rounds, etc) in which fellows will develop proficiency in their knowledge in each of the following areas. Also indicate the method(s) used to evaluate fellow proficiency in each area. [PR IV.B.1.c)]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
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| The organization and interdisciplinary practices of the Emergency Medical Services system relating to the pre-hospital and initial Emergency Department care of persons with spinal cord injury, as well as concomitant and associated injuries [PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| The supportive role of spinal cord injury medicine to neurological surgery, orthopaedic surgery, emergency medicine, and other appropriate physicians in initial acute care sites, including intensive and critical care units  [PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| The relationship between the extent and level of spinal cord injury on the ultimate residual functional capacity  [PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| The management of the neurogenic bladder and sexual dysfunction and the role of the urologist in assisting with the diagnosis and management of bladder dysfunction, urinary tract infection, urinary calculi, sexual dysfunction, obstructive uropathy with or without stones, infertility and problems of ejaculation  [PR IV.B.1.c).(1).(d)] | Click here to enter text. | Click here to enter text. |
| The kinesiology of upper extremity function and the use of muscle substitution patterns in retraining [PR IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |
| The value, indications and contraindications of tendon and muscle transfers and other operative procedures that would enhance function  [PR IV.B.1.c).(1).(f)] | Click here to enter text. | Click here to enter text. |
| Indications and contraindications of phrenic nerve pacing, as well as invasive (i.e. tracheostomy) and non-invasive (i.e., oral/nasal interfaces) ventilator approaches)  [PR IV.B.1.c).(1).(g)] | Click here to enter text. | Click here to enter text. |
| Indications for personal care attendants, types of architectural modifications to accommodate patient needs, and community resources for follow-up care  [PR IV.B.1.c).(1).(h)] | Click here to enter text. | Click here to enter text. |
| Prevention and management of complications associated with longstanding disability, the effects of aging with a disability and the provision of long-term follow-up services  [PR IV.B.1.c).(1).(i)] | Click here to enter text. | Click here to enter text. |
| Techniques of appropriate spinal immobilization required to protect patients from additional neurological damage  [PR IV.B.1.c).(1).(j)] | Click here to enter text. | Click here to enter text. |
| The various options for treatment of fractures/ dislocations at all vertebral levels  [PR IV.B.1.c).(1).(k)] | Click here to enter text. | Click here to enter text. |
| Indications and use of functional electrical stimulation (FES) as applied to the management of spinal cord impairment  [PR IV.B.1.c).(1).(l)] | Click here to enter text. | Click here to enter text. |
| The professional role and contributions of the various allied health professions individually and collectively  [PR IV.B.1.c).(1).(m)] | Click here to enter text. | Click here to enter text. |
| Working with interdisciplinary and interspecialty teams in the management of pre- and post-operative care of patients undergoing operative procedures that enhance extremity function, including muscle and tendon transfers  [PR IV.B.1.c).(1).(n)] | Click here to enter text. | Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Will each fellow provide care, directly or in a direct supervisory role, for a minimum of eight hospitalized patients when on an inpatient rotation? [PR IV.C.3.c)]  YES  NO

If “NO,” explain.

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| Click here to enter text. |

2. Briefly describe fellow experience managing, in concert with appropriate disciplines and other team members, the psychological effects of the impairment in order to prevent their interference with the reintegration and re-entry into the community. [PR IV.C.3.d)]

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| Click here to enter text. |

3. Briefly describe fellow participation in prescribing a home care plan for their spinal cord injury patients, as appropriate. [PR IV.C.4.]

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4. Briefly describe fellow experience coordinating the participation occupational therapists, orthotists, physical therapists, prosthetists, psychologists, recreational and vocational counselors, rehabilitation nurses, social workers, speech/language pathologists, and in-patient care management in patient care management. [PR IV.C.5.]

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5. Briefly describe fellows’ opportunities to meet and share experiences with residents in the core program and in other specialties and subspecialties. [PR IV.C.6.]

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6. Do program conferences include the following: [PR IV.C.7.]

a) Case-oriented multidisciplinary conferences  YES  NO

b) Journal club  YES  NO

c) Quality improvement seminars  YES  NO

7. Will each fellow have documented attendance at conferences that provide in-depth coverage of the major topics in spinal cord injury medicine over the duration of the 12-month program? [PR IV.C.7.a)]  YES  NO

8. Will quality improvement seminars include discussion of initial, discharge, and follow-up data that have been analyzed regarding the functional outcomes of persons served, as well as other practice improvement activities that will help engage fellows in maintenance of certification?   
[PR IV.C.7.b)]  YES  NO