

Preparing for a Sports Medicine Fellowship: A Guideline for PM&R Residents

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Preparing to apply for a Primary Care Sports Medicine (PCSM) fellowship as a Physical Medicine and Rehabilitation (PM&R) resident requires careful planning. Matriculation into a PCSM fellowship is unique compared to other medical fellowships due to the pathways one can take to get there. Residents must complete a residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) in either PM&R, Pediatrics, Internal Medicine, Emergency Medicine, or Family Medicine.¹ Each PCSM fellowship is required to be affiliated with a residency program from 1 of these 5 specialties. According to the electronic resident application service (ERAS), as of July 1, 2016, there were 18 PM&R, 18 Pediatric, 7 Emergency Medicine, and 130 Family Medicine ACGME accredited PCSM fellowships.² It should be noted that each PCSM fellowship determines whether they will only interview and accept residents who have completed a residency in the specialty that is linked to the PCSM fellowship, or whether they will also interview and accept residents who have completed one of the other 4 residencies. Furthermore, although each of the PCSM fellowships must meet the ACGME program requirements for a PCSM fellowship in order to receive accreditation, each fellowship curriculum is unique and will emphasize different components of sports medicine.

From the perspective of the PM&R resident, there are more candidates than PM&R affiliated PCSM fellowships, despite an increase in the number of ACGME accredited PM&R affiliated PCSM fellowships from 1 in 2008 to 16 in 2016.³ Competition for these slots is fierce with a match rate in PCSM fellowships, including programs from all specialties, of 61.5% in 2015.⁴ Therefore, to increase the probability of matching in a PCSM fellowship, PM&R residents

frequently apply to both PM&R affiliated and non-PM&R affiliated PCSM fellowships. The intent of this paper is to provide recommendations from PCSM fellowship Program Directors and faculty that will help PM&R residents successfully apply for a PCSM fellowship.

There are multiple factors taken into consideration by PCSM fellowship Program Directors and fellowship faculty when selecting interview candidates and subsequently ranking the applicants. What follows are general recommendations endorsed by the authors.

1. Sports Event Medical Coverage. It is highly recommended that the applicant participate in sports event medical coverage during their residency. This can take the form of providing medical coverage for a mass participation sports event (e.g., marathon), a competitive sports team (e.g., high school football team), or some combination thereof. The skill set required for acute sideline care in the heat of competition is considerably different than seeing a patient in clinic hours to days after an injury occurs. Fellowship programs typically begin in late summer, and if the fellow is to be comfortable on the sidelines for autumn sports such as football and soccer, they must enter the fellowship with some experience in emergency sideline care of neuromusculoskeletal injuries (e.g., concussions, dislocations, lacerations) and medical emergencies (e.g., cardiac arrest).
2. Pre-Participation Physical Examinations. Since PCSM fellows are required to assist with Pre-Participation Physical Examinations (PPEs) in July and August of their fellowship, it is important for the fellowship applicant to have experience performing PPEs prior to entering their fellowship. Furthermore, assisting with PPEs exposes the applicant to a broad range of issues that must be addressed by PCSM physicians including injury prevention, lifestyle and mental health screening and counseling, and identification and management of medical and neuromusculoskeletal conditions.
3. Research. It is the recommendation that candidates participate in some form of research related to sports medicine during their residency. This can take the form of submitting

and presenting a poster at a conference, publishing an abstract, authoring a manuscript, or writing a grant.

4. Teaching. PCSM is a field that can only continue to grow by teaching the next generation of PCSM professionals. Hence, it is the expectation that by the time a resident has completed their 4th year of residency, they should have completed multiple sports medicine presentations. This can include but is not limited to grand rounds, residency lectures for junior residents or medical students, or even local, regional, national, and/or international lectures at conferences.
5. Outreach. Providing community outreach and education related to sports medicine is highly beneficial to be competitive for a PCSM fellowship. This can take the form of lectures to parents, athletic trainers, student-athletes, and coaches on various PCSM related topics. Participation in outreach demonstrates the resident's dedication to community engagement and population health. This is extremely important as a majority of sports event medical coverage takes place outside the clinic in the community setting.
6. Involvement in Sports Medicine Societies. It is suggested that, in addition to participation in physiatric associations such as the American Academy of PM&R (AAPM&R) and/or the Association of Academic of Physiatrists (AAP), involvement or attendance at least once during residency to any of the following society meetings would benefit the applicant: The American Medical Society for Sports Medicine (AMSSM), the American College of Sports Medicine (ACSM), the appropriate regional chapter for the ACSM, the American Orthopaedic Society for Sports Medicine (AOSSM), or any other sports medicine related conference.
7. Primary Care Medical Training. While it is recognized that the first priority of the PM&R resident is to successfully complete their residency curriculum, it is recommended that

they attempt to rotate, moonlight, or shadow in a primary care medical setting such as a student health center, urgent care center, or emergency room for greater exposure to primary care medicine during their residency. Non-PM&R affiliated PCSM fellowship Program Directors frequently cite a lack of primary care medical knowledge in PM&R applicants as their primary concern with interviewing and selecting a PM&R resident for their fellowship. By participating in a primary care medical setting during their residency training, the PM&R resident will not only acquire skills necessary to become a competent PCSM physician, they will also increase their chances of successfully matching in a non-PM&R affiliated PCSM fellowship should they choose to apply to one of these programs.

8. Leadership. Ideally, PCSM fellowship Program Directors are looking for fellows with the leadership skills necessary to gain the respect of the sports medicine team including coaches, athletic trainers, administrators, and athletes. Opportunities for leadership include serving as a chief resident, participation on or election to institutional committees or committees of regional or national associations; and developing innovative programs.

Conclusion

The increase in PM&R resident applicants to PCSM fellowships has outpaced the increase in the number of PM&R affiliated PCSM fellowships leading to tight competition for the limited number of fellowship spots. In addition to PM&R affiliated PCSM fellowships, PM&R residents may wish to apply to the non-PM&R affiliated PCSM fellowships who are willing to consider PM&R candidates. By following the recommendations outlined in this document, PM&R residents can improve their chances of successfully matching into a PCSM fellowship.

References

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