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UFH Family Medicine Training Program Curriculum Goals and Objectives 2013

Rotation: Huaxing Orthopedics with Dr. Daniel Porter & Dr. Nie

Faculty Administrator: Setsuko Hosoda, MD

Instructions to Preceptor:

1. Review this document with the fellow at the start of the rotation.

2. At the end of the rotation evaluate the fellow using the Competency Based Evaluation Form (or contact the Training Program to obtain access to an online evaluation forms.)

Instructions to Fellow:

- 1. Review this document with the preceptor at the start of the rotation.
- 2. Obtain the completed Competency Based Evaluation Form from the preceptor on the last day of the rotation.
- 3. Review the completed evaluation with your advisor.

Instructions to Advisor:

1. Review all Competency Based Evaluation Forms at the next Biannual Evaluation.

Rotation Schedule: This is an additional orthopedic experience tagged to another rotation

Contact Information: Dr. Daniel Porter - daniel-porter@mail.tsinghua.edu.cn

Mobile: 183-1078-0360

Required Attendance

- 1. 2-3 half days per week of orthopedics clinic with Dr. Porter or Dr. Nie
- 2. Required attendance of primary rotation (e.g. ER or OM)
- 3. 2 half days of continuity clinic/week in family medicine

GOALS:

Fellows will manage common acute, chronic, and overuse Orthopedic problems including rehabilitation. They will identify high risk conditions requiring referral.

Learning Objectives Required To Meet Specific Rotation Goals:

Professional Competencies:

- 1. Fellow shows appropriate respect for staff and patients
- 2. Fellow consistently behaves in a professional manner

Orthopedics - Understands the diagnosis & management of:

- 1. Hand-Mallot finger, central slip tear, volar plate injury, collateral lig injury, ruptured flexor tendon, PIP dislocation, Boxer's fx, thumb UCL injury.
- 2. Wrist-Sprains, scaphoid fractures, non-displaced adult fractures
- 3. Forearm-Buckle, toros, greenstick fractures, non-displaced adult fractures
- 4. Elbow-Lateral & medialepicondylitis, radial head fractures, nursemaids elbow shoulder-Impingement, rotator cuff sprains/tears, dislocation, instability, burner, thoracic outlet syndrome
- 5. Neck-sprains, whiplash injury, prolapsed disc, nerve root entrapment, spinal stenosis, posture problems, instability, stable vs unstable fractures
- 6. Thoracic spine-scoliosis, kyphosis, compression fracture
- 7. Lumbar-sprain.strain, prolapsed disc, spinal stenosis, spondylolosis, spondylolisthesis, redflags, chronic pain management
- 8. Sacrum-Sacroiliac dysfunction, piriformis syndrome
- 9. Hip-fracture, avascular necrosis, hip pain by age (Congenital hip dislocation, toxic synovitis vs septic hip, Leg Perthes, Slipped Capital Femoral Epiphysis, osteoarthritis), bursitis, avulsion fractures
- 10. Thigh-sprains, contusion, myositis ossificans

- 11. Knee-Patellofemoral syndrome, Pes anserine & ITB tendinitis/bursitis, patellar tendinitis, Osqood Schlatters, ACL/PCL tears, collat lig tears, meniscus injuries, patellar dislocation
- 12. Leg-Shin slints, stress fractures, compartment syndrome
- 13. Ankle-Lateral & medial sprains, syndesmosis injuries, instability, malleolar fractures, Ottawa rules, osteochondral injuries
- 14. Foot-Fractures of base of 5th metatarsal (Avulsion vs Jones,), navicular injuries, stress

Reading:

If you can, try to read something about the following common diagnoses:

- 1. Shoulder impingement syndrome, biceps tendinitis, Rotator cuff and SLAP tears
- 2. Elbow lateral epicondylitis, cubital tunnel syndrome
- 3. Hip impingement (FAI), trochanteric bursitis
- 4. Knee meniscus tears, patellofemoral pain/chondromalacia patella, Anterior Cruciate ligament tears, osteoarthritis
- 5. Ankle sprains, fractures.
- 6. Foot plantar fasciitis, achilles tendinitis
- 7. The neurologic exam for neck and back pain.

If you don't know these topics by the time you start, it's quite ok. But it will greatly assist your learning if you can start to familiarize yourself with these topics, as we will be seeing these frequently over the next few weeks.

Because these are the common chief complaints, the broad categories in which you can start framing your learning are:

- 1. Neck pain/radiculopathy
- 2. Shoulder pain
- 3. elbow pain
- 4. back pain/radiculopathy
- 5. hip pain
- 6. knee pain7. ankle pain/instability
- 8. foot pain--achilles tendinitis, plantar fasciitis, metatarsalgia, and hallux valgus/hallux rigidus

TEXTBOOKS:

The Musculoskeletal Medicine Office Orthopaedics

Core curriculum documents created with the assistance of Swedish Cherry Hill Family Medicine Training in Seattle, Washington 2013.