Two distinct pathways will meet educational quality standard requirements for participation in the Orthopaedic Trauma Association (OTA) Orthopaedic Trauma Fellowship Match. Either: (1) **ACGME Accreditation** of an Orthopaedic Trauma Fellowship Program OR (2) **OTA Accreditation** of an Orthopaedic Trauma Fellowship Program. Fellowship Program requirements and procedures for OTA Fellowship Accreditation are outlined in this document.

PATHWAYS TO ORTHOPAEDIC TRAUMA FELLOWSHIP PROGRAM ACCREDITATION

I. **ACGME Fellowship Program Accreditation**

Programs receiving ACGME Fellowship Program Accreditation are eligible for the OTA Match (and need not also apply for OTA Fellowship Program Accreditation).

**Procedure**

In January, programs which choose to pursue ACGME accreditation for the Match must submit to the OTA a copy of the ACGME program application PIF.

Details regarding the ACGME accreditation process are available at: [http://www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp](http://www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp) and detailed requirements for orthopaedic trauma can be reviewed here: [www.acgme.org/acWebsite/downloads/RRC_progReq/269pr702_u704.pdf](http://www.acgme.org/acWebsite/downloads/RRC_progReq/269pr702_u704.pdf)

The application fee (initial) of $5,500 includes a mandatory site visit for all new fellowship programs. ACGME acknowledges it takes 6-12 months to arrange and complete the site visit and additional administrative time for formal approval. Yearly renewal costs $3,500. (Note: fees are subject to change, check with the AGCMG for the latest information).
II. OTA Fellowship Program Accreditation

The following quality standard requirements will qualify a program as an OTA Accredited Fellowship Program.

A. Program Requirements

1) Institution is a State or ACS approved Level 1 or 2 Trauma Center

2) Program case list demonstrating a minimum of 400 operative orthopaedic cases (CPT codes) per trauma fellow (with fellow as primary or first assistant). 300 of the cases must be from the qualifying trauma case list (see attachment 1)

3) $2,000 accreditation application fee or yearly renewal fee

Procedure
In January, each training site must submit a list of qualifying orthopaedic cases performed during the prior academic year by their trauma/teaching faculty with verification letter from OR administration, medical records officer, or other similar officiate. This minimum case number reporting will be required with initial application, and with each increase of offered fellowship positions. Qualifying orthopaedic trauma cases are listed in Attachment 1.

In April, each Fellowship Program will be invoiced $2,000, for annual accreditation or annual accreditation renewal, and must submit payment and verification of trauma center level.

B. Faculty Requirements

In order to maintain high fellowship program educational standards, the faculty to fellow ratio will be 2:1 for the first fellow at each training site, with required qualifications listed in #1 below. Sites can train 1 additional fellow for each additional trauma faculty, with the required qualifications listed in #2 below.

1) The Fellowship Program Director and at least one additional faculty member must be an OTA Active Member, or alternatively must meet the following requirements:

   a) Be certified by the American Board of Orthopaedic Surgery, the American Osteopathic Board of Orthopaedic Surgery, or the Royal
College of Surgeons of Canada-Orthopaedics and hold a current certificate.

b) Be a Fellow of the American Academy of Orthopaedic Surgeons, the Canadian Orthopaedic Association or the American Osteopathic Association.

c) Be a citizen of or in practice in the United States or Canada.

d) Act as the lead author of at least one, or co-author of at least three, scientific publication(s) in the field of or related to orthopaedic trauma, published in a peer reviewed journal within the forty-eight months immediately preceding the July 1st application deadline.

e) Spend 50% of his/her professional time in clinical practice, teaching and/or research regarding matters directly related to orthopaedic traumatology.

f) Maintain a full and unrestricted license to practice medicine in the United States or Canada or give evidence of full time medical service in the federal government, which does not require licensure.

g) Must be actively participating in their hospital call panel and personally provide emergency on-call services.

2) Additional Faculty Member(s) requirements (needed to meet requirements for each additional fellow), include either OTA Active or OTA Clinical Membership, OR alternatively may meet the following requirements:

a) Be certified by the American Board of Orthopaedic Surgery, the American Osteopathic Board of Orthopaedic Surgery, or the Royal College of Surgeons of Canada-Orthopaedics and hold a current certificate.

b) Be a Fellow of the American Academy of Orthopaedic Surgeons, the Canadian Orthopaedic Association or the American Osteopathic Association.

c) Be a citizen of or in practice in the United States or Canada.
d) Spend 50% of his/her professional time in clinical practice, teaching, and/or research regarding matters directly related to orthopaedic traumatology.

e) Maintain a full and unrestricted license to practice medicine in the United States or Canada or give evidence of full time medical service in the federal government, which does not require licensure.

f) Must be actively participating in their hospital call panel and personally provide emergency on-call services

**Procedure**

In January, a roster of qualified faculty must be submitted with match registration materials. Special exceptions to faculty requirements can be submitted for consideration to the Match Sanctions Committee. Candidate members of the OTA will not count toward faculty as they may lack adequate experience to properly mentor fellows.

**C. Educational Requirements**

1. Each program will be required to provide an educational curriculum provided by the trauma faculty for the trauma fellow(s). Although fellows may participate in resident educational activities, this is not an acceptable replacement for the fellow level trauma curriculum. The curriculum should be designed to include regular educational conferences, pre and post operative conferences, as well as morbidity and mortality conferences and journal club. While residents do not need to be excluded from these conferences, the depth and breadth of the education must be at an appropriate level for fellowship training.

2. The curriculum should include, but will not be limited to, advanced instruction in principles of orthopaedic trauma including: a) basic science of trauma, b) damage control and care of the severely injured patient, c) indications for various types of internal and external fixation, d) management of severe soft tissue injuries and compartment syndrome, e) indications for limb salvage, f) diagnosis and management of complications, and g) current research methods in orthopaedic trauma. In addition, specific education on the business aspects of an orthopaedic trauma practice is strongly encouraged.
**Procedure**

In January, a detailed description of the educational curriculum will be submitted to the OTA Business Office, and in subsequent years, will be submitted annually with match registration renewal materials.

**D. Research**

Fellows should be encouraged to take an active part in ongoing or new basic science or clinical research. Research effort and education regarding critical evaluation of the literature should represent an important element of trauma training. Fellowship programs are strongly encouraged to incorporate a research requirement into their curriculum. This research should preferably culminate in projects that result in one of the following:

a. Production/submission of a publication quality manuscript

b. Production of an abstract suitable for submission to a national meeting.

c. An IRB or Animal Care Committee application completion/submission.

**Procedure**

While a research component is strongly encouraged, submission of research project status is not required.

**E. Surgical Clinical Responsibilities of Fellows**

The fellowship program will provide a large and appropriate surgical volume of orthopaedic trauma cases. Each fellow must use the OTA or the ACGME case management system to keep a complete and current log of all of the surgical cases in which they actively participate either as primary surgeon or first assistant. Each fellow must log a minimum of 400 cases (CPT codes) over the academic year. A minimum total of 300 must be from the Qualifying Trauma Cases list (see attachment 1). For all cases, an identifiable, faculty member of the orthopaedic trauma program is expected to be available for both supervision and consultation.

**Procedure**

Fellows participating in an OTA Accredited Fellowship Program will submit a case log to the OTA online case recording database. Fellows will record only cases in which they are primary surgeon or first assistant. For multiple procedure cases, the fellow may list each unique procedure separately. The fellowship director will enforce full compliance.
with completion of this log. Completed case logs will be due August 1st of each year.

OTA staff will perform an annual review of case logs from the prior academic year at the time of Fellowship Program match enrollment to ensure compliance with the list of qualifying orthopaedic trauma cases (Attachment 1), and case distribution requirement. Programs with fellows reporting deficient case profiles will receive a letter from the Match Sanctions Committee and be given a single year to correct deficiency prior to being removed from the match.

F. Non Surgical Clinical Responsibilities

A representative clinical schedule for the fellow must be submitted to the OTA with the initial application materials. Each fellow must actively participate in trauma call. Additionally, fellows must participate in outpatient care so that outcomes of treatment can be evaluated. In both these situations, an identifiable, faculty member of the orthopaedic trauma program is expected to be available at all times for both supervision and consultation.

Procedure

In April, the following information will be submitted by each Fellowship Program with match registration materials.
(1) Monthly call schedule from the prior academic year
(2) Call schedule of the trauma fellow
(3) Template of a daily schedule for the trauma fellow (including time for clinical responsibilities)

G. Evaluation Process

1. Evaluation of the Fellow

The fellowship director must conduct a confidential evaluation of each fellow on a semi-annual basis, using objective assessments of patient care, medical knowledge, and technical skills. In addition, the fellowship director must provide a final evaluation upon completion of the program. The evaluations will be maintained at each training site as part of the fellow’s permanent record, and must be accessible for review by the fellow in accordance with institutional policy, as well as by the OTA Fellowship Committee or Sanctions Committee upon request.
2. Evaluation of the Faculty
   Each fellow must evaluate individual faculty members on an annual basis. This should include a review of teaching abilities, commitment to the educational program, professionalism, and commitment to research.

3. Evaluation of the Program
   The fellowship director must complete an annual evaluation of the program to include volume of cases, as well as resources the institution makes available to the program. The fellow(s) must also complete an evaluation of the program on completion of the fellowship year.

   Procedure

   All faculty and program evaluations will be maintained by the director and made available for review by the OTA Fellowship Committee and the OTA Fellowship Sanctions Subcommittee. Completion of all evaluations is required prior to receipt the OTA Fellowship Diploma.

H. Fellowship Program Graduation

   Each graduating class will be announced at the Annual OTA meeting (October) and diplomas will be available following the meeting. To be on the list the fellows must have submitted their case logs, have provided confirmation of passing ABOS Part 1 exam, or equivalent certifying board exam, and have verification from their program director of completion of all required evaluations.

   Procedure

   In August, the OTA Business Office will send an on-line form which must be completed verifying completion of the above.

I. Implementation Timeline (see current year timeline at: www.ota.org)

   April 2012 – Fellowship Programs notified of inaugural accreditation process/match requirements

   April – Fellowship Programs register for the forthcoming match cycle (i.e., register in April 2013 for match in 2014, for training beginning 2015), and must submit/meet all new program requirements. Programs who do not meet requirements will be notified they are not in compliance, and will be permitted to participate in the forthcoming match cycle, but will be on match probation.

   April – Any Fellowship Program not ACGME or OTA Accredited will not be permitted to register for the match (for training beginning).
### Attachment 1: Qualifying Trauma Cases

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11010</td>
<td>Debridement (incl f.b) of open fx/dislocation; skin &amp; subcutaneous tissue</td>
</tr>
<tr>
<td>11011</td>
<td>Debride (incl f.b) of open fx/dislocation; skin, subcu tissue, muscle fascia &amp; muscle</td>
</tr>
<tr>
<td>11012</td>
<td>Debride (incl f.b) of open fx/dislocat; skin, subcu tissue, muscle fascia, muscle &amp; bone</td>
</tr>
<tr>
<td>15100</td>
<td>Split thickness autograft, trunk, arms, legs; 1st &gt; 100 sq. cm.</td>
</tr>
</tbody>
</table>

**GENERAL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20690</td>
<td>Application of uniplane, unilateral external fixation system</td>
</tr>
<tr>
<td>20692</td>
<td>Application of multiplane, external fixation system, eg. Ilizarov</td>
</tr>
</tbody>
</table>

**GRAFTS AND MISC.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20900</td>
<td>Bone graft, small or dowel (for other than spine)</td>
</tr>
<tr>
<td>20902</td>
<td>Bone graft, any donor area, major or large (for other than spine)</td>
</tr>
</tbody>
</table>

**SHOULDER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>23480</td>
<td>Osteotomy clavicle without bone graft</td>
</tr>
<tr>
<td>23485</td>
<td>Osteotomy clavicle with bone graft</td>
</tr>
<tr>
<td>23515</td>
<td>Open Rx of clavicular fracture, ± internal/external fix</td>
</tr>
<tr>
<td>23550</td>
<td>Open Rx of acromioclavicular dislocation, acute/chronic</td>
</tr>
<tr>
<td>23585</td>
<td>Open Rx of scapula fx, ± internal fixation</td>
</tr>
<tr>
<td>23615</td>
<td>Open Rx of proximal humeral fracture ± tuberosities, ± fixation</td>
</tr>
<tr>
<td>23616</td>
<td>Open Rx of proximal humeral fracture ± tuberosities, w/ prosthesis</td>
</tr>
<tr>
<td>23900</td>
<td>Upper extremity forequarter amputation</td>
</tr>
<tr>
<td>23920</td>
<td>Shoulder disarticulation</td>
</tr>
</tbody>
</table>

**HUMERUS AND ELBOW**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>24000</td>
<td>Elbow arthrotomy</td>
</tr>
<tr>
<td>24343</td>
<td>Repair lateral collateral ligament, elbow, with local tissue</td>
</tr>
<tr>
<td>24344</td>
<td>Repair lateral collateral ligament, elbow, with graft</td>
</tr>
<tr>
<td>24345</td>
<td>Repair medial collateral ligament, elbow, with local tissue</td>
</tr>
<tr>
<td>24346</td>
<td>Repair medial collateral ligament, elbow, with graft</td>
</tr>
<tr>
<td>24430</td>
<td>Repair humeral nonunion without bone graft</td>
</tr>
<tr>
<td>24435</td>
<td>Repair humeral nonunion with bone graft</td>
</tr>
<tr>
<td>24515</td>
<td>Open Rx of humeral shaft fx, w/ plates/screws, ± cerclage</td>
</tr>
<tr>
<td>24516</td>
<td>Open Rx of humeral shaft fx, w/ IM nail, ± cerclage, ± screws</td>
</tr>
<tr>
<td>24538</td>
<td>Percutaneous fixation supracondylar or transcondylar humeral fracture</td>
</tr>
<tr>
<td>24545</td>
<td>Open Rx humeral supracondylar (not intercondylar) fx, ± internal/external fix.</td>
</tr>
<tr>
<td>24546</td>
<td>Open Rx humeral supra- or intercondylar fx, ± internal/external fixation</td>
</tr>
<tr>
<td>24579</td>
<td>Open treatment humeral condyle fracture, medial or lateral</td>
</tr>
<tr>
<td>24586</td>
<td>Open Rx periarticular fx / disloc elbow</td>
</tr>
<tr>
<td>24615</td>
<td>Open Rx Elbow Dislocation</td>
</tr>
<tr>
<td>24635</td>
<td>Open Rx Monteggia fx dislocation, ± internal/external fixation</td>
</tr>
<tr>
<td>24665</td>
<td>Open Rx radial head/neck fx</td>
</tr>
<tr>
<td>24666</td>
<td>Open Rx radial head fx, prosth implant</td>
</tr>
<tr>
<td>24685</td>
<td>Open Rx of proximal. ulnar fx (olecranon), ± internal/external fixation</td>
</tr>
<tr>
<td>24900</td>
<td>Amputation, arm through humerus, primary closure</td>
</tr>
<tr>
<td>24920</td>
<td>Guillotine amputation, arm through humerus, open, circular</td>
</tr>
<tr>
<td>24930</td>
<td>Amputation, arm through humerus, re-amputation</td>
</tr>
</tbody>
</table>

**FOREARM AND WRIST**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25020</td>
<td>Decompression fasciotomy, forearm ± wrist, flexor &amp;/or extensor compartments</td>
</tr>
<tr>
<td>25360</td>
<td>Osteotomy Ulna</td>
</tr>
</tbody>
</table>

Revised 01/2014
25400  Repair nonunion/malunion, radius OR ulna; w/o graft
25400  Repair nonunion/ malunion radius OR ulna without bone graft
25405  Repair nonunion/ malunion radius OR ulna with allograft
25415  Repair nonunion/ malunion radius AND ulna without bone graft
25420  Repair nonunion/ malunion radius AND ulna with allograft
25515  Open Rx radial shaft fx, ± internal/external fixation
25525  Open Rx Galeazzi fx and closed or percutaneous Rx distal radio-ulnar jt.
25545  Open Rx of ulnar shaft fracture, ± internal/external fixation
25574  Open Rx radius OR ulnar fx in a both bone fx; ± internal/external fixation
25575  Open Rx of radius AND ulnar fx in a both bone fx; ± internal/external fixation
25606  Percutaneous fixation distal radius fracture
25608  Open treatment intraarticular distal radius fracture, internal fx of two fragments
25609  Open treatment intraarticular distal radius fracture, internal fx of three or more fragments
25900  Amputation forearm, through radius and ulna
25905  Guillotine amputation, forearm through radius and ulna, open, circular
25909  Amputation forearm, through radius and ulna, revision
25920  Disarticulation through wrist
25924  Disarticulation through wrist, re-amputation
25927  Transmetacarpal amputation
25931  Transmetacarpal amputation, re-amputation
26037  Hand fasciotomy

PELVIS AND HIP
27025  Fasciotomy buttock
27027  Decompression Fasciotomy(ies), pelvic (buttock), unilateral
27122  Girdlestone procedure, acetabuloplasty, resection femoral head
27215  Open Rx iliac spine, tuber or wing fx (no ring disrupt), w/ internal fix
27216  Percutaneous fixation post pelvic ring fx/dislocation
27217  Open Rx anterior pelvic ring fx, w/ internal fixation
27218  Open Rx posterior pelvic ring fx, w/ internal fixation
27226  Open Rx post or ant acetabular wall fx, w/ internal fixation
27227  Open Rx one column or transverse acetabular fx, w/ internal fixation
27228  Open Rx both column, T-type or 1-column+wall acetabular fx, w/internal fix
27235  Percutaneous fixation femoral neck fx (fx not visualized)
27236  Open Rx femoral neck fx, w/ internal fixation or hemiarthroplasty
27244  Open Rx inter/per/sub-trochanteric femur fx, w/plate, screws, ± cerclage
27245  Open Rx inter/per/sub-trochanteric femur fx, w/IM nail, ± screws, ± cerclage
27248  Open Rx of greater trochanteric fracture, ± internal/external fixation
27254  Open Rx of hip dislocation w/acetabular wall fx, ± fixation

FEMUR AND KNEE
27146  Osteotomy iliac, acetabular or innominate bone
27165  Intertrochanteric/ Subtrochanteric osteotomy
27269  Open Rx of femoral fx, proximal end, head; includes internal fixation when performed
27290  Hemipelvectomy
27295  Disarticulation at hip
27310  Knee arthroscopy
27380  Suture of infrapatellar tendon; primary
27385  Suture of quadriceps or hamstring muscle rupture; primary
27430  Revision quadriceps - quadricepsplasty (eg, Bennett or Thompson type)
27470  Repair,nonunion or malunion,femur,distal to head & neck; without graft
27472  Repair,nonunion or malunion,femur,distal to head & neck; with graft
27496  Decompression fasciotomy thigh/knee, one compartment
27498  Decompression fasciotomy thigh/knee, multiple compartments
27502  Closed Rx femur shaft fx + manip, w or w/o skin or skeletal traction

Revised 01/2014
Open Rx of femur shaft fx w/IM nail, ± screws/cerclage/external fixation
Open Rx of femur shaft fx w/plate/screws, ± cerclage
Percutaneous fixation supra/trans/intercondylar femur fx
Open Rx supra/transcondylar (not inter) femur fx ± internal/external fixation
Open Rx intercondylar femur fx, ± internal/external fixation
Open Rx femoral fx, distal end, med/lat condyle, ± internal/external fixation
Open Rx patellar fracture, repair ± internal fix, ± part/complete excision
Closed Rx tibial plateau fx; ± manipulation/traction
Open Rx unicondylar tibial plateau fx, ± internal/external fixation
Open Rx biocidal tibial plateau fx, ± internal/external fixation
Open Rx of intercondylar spine/tuberosity fx of knee, ± internal/external fix.
Amputation, thigh, through femur, any level
Amputation, thigh, through femur, any level; secondary closure or scar revision
Disarticulation at knee
Disarticulation at knee

LEG AND ANKLE
Fasciotomy, leg anterior/lateral & posterior compartments
Open treatment extraarticular distal radius fracture
Partial excision (craterization, saucization or diaphysectomy) bone; tibia
Achilles tendon repair
Achilles tendon repair with graft
Osteotomy, fibula
Repair of nonunion or malunion, tibia; w/o graft
Repair nonunion tibia with sliding graft
Repair of nonunion or malunion, tibia; with graft
Repair nonunion tibia synostosis with fibula
Repair nonunion fibula
Open Rx tibial shaft ± fib fx, w/plate/screws, ± cerclage
Open Rx tibial shaft ± fib fx, w/IM nail/screws, ± cerclage
Open Rx medial malleolus fx, ± internal/external fixation
Open Rx of posterior malleolus fx, w/ internal fixation when performed
Open Rx proximal fibula or shaft, ± internal/external fixation
Open Rx of lateral malleolus, ± internal/external fixation
Open Rx of bimalleolar fx, ± internal/external fixation
Open Rx trimalleolar ankle fx, med & lat malleoli only, ± internal/external fix
Open Rx trimalleolar ankle fx, including posterior malleolus, ± internal/external fix
Closed Rx pilon fx, w/ traction or manipulation
Open Rx pilon fx, internal/external fixation of fibula ONLY
Open Rx pilon fx, internal/external fixation of tibia ONLY
Open Rx pilon fx, internal/external fixation of tibia AND fibula
Open Rx distal tibial-fibular syndesmosis, ± internal/external fixation
Open RX proximal tibiofibular joint dislocation, w or w/o fixation or with excision
Amputation leg, through tibia and fibula
Amputation leg, with immediate cast, includes first cast
Guillotine Amputation, leg, thru tibia & fibula; open, circular
Amputation leg, through tibia and fibula, re-amputation
Amputation ankle, through malleoli (Syme amputation)

FOOT AND TOES
Foot fasciotomy
Percutaneous skeletal fixation of calcaneal fx, with manipulation
Open Rx calcaneal fx, ± internal/external fixation
Open Rx of talus fx, ± internal/external fixation
Open Rx of tarsal bone fx (not calcaneus or talus), ± internal/external fix, each

Revised 01/2014
<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>28476</td>
<td>Percutaneous pinning of metatarsal fx, w/manipulation, each</td>
</tr>
<tr>
<td>28485</td>
<td>Open Rx of metatarsal fracture, ± internal/external fixation, each</td>
</tr>
<tr>
<td>28496</td>
<td>Percutaneous pinning great toe fx, w/manipulation</td>
</tr>
<tr>
<td>28505</td>
<td>Open Rx of great toe fx, ± internal/external fixation</td>
</tr>
<tr>
<td>28525</td>
<td>Open Rx of phalangeal fx, lesser toes, ± internal/external fix, each</td>
</tr>
<tr>
<td>28555</td>
<td>Open Rx of tarsal bone dislocation, w or w/o internal/external fixation</td>
</tr>
<tr>
<td>28585</td>
<td>Open Rx of talotarsal joint dislocation, w or w/o internal/external fixation</td>
</tr>
<tr>
<td>28606</td>
<td>Percutaneous skeletal fx of tarsometatarsal joint dislocation, with manipulation</td>
</tr>
<tr>
<td>28615</td>
<td>Open Rx tarsometatarsal jt. dislocation (Lisfranc), ± internal/external fixation</td>
</tr>
<tr>
<td>28645</td>
<td>Open Rx of metatarsophalangeal joint dislocation, w or w/o internal/external fixation</td>
</tr>
<tr>
<td>28805</td>
<td>Amputation, foot; transmetatarsal</td>
</tr>
</tbody>
</table>