



**ORTHOPAEDIC
— TRAUMA —
ASSOCIATION**

Fellowship Program Accreditation Requirements for the Orthopaedic Trauma Match

In 2012, the OTA began a process of recognizing orthopaedic trauma fellowships. The goal is to promote high quality post residency training experience in orthopaedic trauma. This process is intended to ensure that all programs are structured with solid foundational educational platforms and have the depth and breadth of clinical exposure to complex trauma patients to support fellow education.

Two distinct pathways 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

ACGME Accredited Orthopaedic Trauma Fellowship Programs are automatically eligible for the OTA Match (and need not also apply for OTA Fellowship Program Accreditation). Programs in the process of achieving ACGME accreditation must provide the OTA a copy of their submitted ACGME program application PIF and proof of application fee payment to be considered for inclusion in the Match. For the following year, the program must have received ACGME accreditation or they complete the OTA application

Details regarding the ACGME accreditation process are available at: <http://www.acgme.org/>
And detailed requirements for orthopaedic trauma can be reviewed at:
<http://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/14/Orthopaedic%20Surgery>

Failure to meet a qualifying criterion will result in loss of accreditation status the year following

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. 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
- 4) All OTA accredited fellowship programs are required to participate in the Match
- 5) Fellowship programs must provide a minimum of 12 months of post- residency education and clinical experience in orthopaedic trauma,

Procedure for New Programs

Applications for new fellowships or increases in the number of fellows will be reviewed on an annual basis in the early spring. Each training site must complete the OTA fellowship application. In addition, the program will be asked to submit a list of qualifying orthopaedic trauma 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

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 one additional fellow for each additional qualified trauma faculty.

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

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.

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.

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.

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.

Attachment 1: Qualifying Trauma Cases

- 11010 Debridement (incl f.b) of open fx/dislocation; skin & subcutaneous tissue
- 11011 Debride (incl f.b) of open fx/dislocation; skin, subcu tissue, muscle fascia & muscle
- 11012 Debride (incl f.b) of open fx/dislocat; skin, subcu tissue, muscle fascia, muscle & bone
- 15100 Split thickness autograft, trunk, arms, legs; 1st > 100 sq. cm.

GENERAL

- 20690 Application of uniplane, unilateral external fixation system
- 20692 Application of multiplane, external fixation system, eg. Ilizarov

GRAFTS AND MISC.

- 20900 Bone graft, small or dowel (for other than spine)
- 20902 Bone graft, any donor area, major or large (for other than spine)

SHOULDER

- 23480 Osteotomy clavicle without bone graft
- 23485 Osteotomy clavicle with bone graft
- 23515 Open Rx of clavicular fracture, ± internal/external fix
- 23550 Open Rx of acromioclavicular dislocation, acute/chronic
- 23585 Open Rx of scapula fx, ± internal fixation
- 23615 Open Rx of proximal humeral fracture ± tuberosities, ± fixation
- 23616 Open Rx of proximal humeral fracture ± tuberosities, w/ prosthesis
- 23630 Open Rx of greater tuberosity fracture, ± internal/external fixation
- 23900 Upper extremity forequarter amputation
- 23920 Shoulder disarticulation

HUMERUS AND ELBOW

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

FOREARM AND WRIST

- 25020 Decompression fasciotomy, forearm ± wrist, flexor &/or extensor compartments
- 25360 Osteotomy Ulna

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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 fxs in a both bone fx; ± internal/external fixation
 25606 Percutaneous fixation distal radius fracture
 25608 Open treatment intraarticular distal radius fracture, internal fix of two fragments
 25609 Open treatment intraarticular distal radius fracture, internal fix 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 rocedure, 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 arthrotomy
 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
 27506 Open Rx of femur shaft fx w/IM nail, ± screws/cerclage/external fixation

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- 27507 Open Rx of femur shaft fx w/plate/screws, ± cerclage
- 27509 Percutaneous fixation supra/trans/intercondylar femur fx
- 27511 Open Rx supra/transcondylar (not inter) femur fx ± internal/ external fixation
- 27513 Open Rx intercondylar femur fx, ± internal/ external fixation
- 27514 Open Rx femoral fx, distal end, med/lat condyle, ± internal/external fixation
- 27524 Open Rx patellar fracture, repair ± internal fix, ± part/complete excision
- 27532 Closed Rx tibial plateau fx; ± manipulation/traction
- 27535 Open Rx unicondylar tibial plateau fx, ± internal/external fixation
- 27536 Open Rx biocidal tibial plateau fx, ± internal/external fixation
- 27540 Open Rx of intercondylar spine/tuberosity fx of knee, ±internal/external fix.
- 27590 Amputation, thigh, through femur, any level
- 27594 Amputation, thigh, through femur, any level; secondary closure or scar revision
- 27598 Disarticulation at knee

LEG AND ANKLE

- 27602 Fasciotomy, leg anterior/lateral & posterior compartments
- 25607 Open treatment extraarticular distal radius fracture
- 27640 Partial excision (craterizaion, sauceization or diaphysectomy) bone; tibia
- 27650 Achilles tendon repair
- 27652 Achilles tendon repair with graft
- 27707 Osteotomy, fibula
- 27720 Repair of nonunion or malunion, tibia; w/o graft
- 27722 Repair nonunion tibia with sliding graft
- 27724 Repair of nonunion or malunion, tibia; with graft
- 27725 Repair nonunion tibia synostosis with fibula
- 27726 Repair nonunion fibula
- 27758 Open Rx tibial shaft ± fib fx, w/plate/screws, ± cerclage
- 27759 Open Rx tibial shaft ± fib fx, w/IM nail/screws, ± cerclage
- 27766 Open Rx medial malleolus fx, ± internal/external fixation
- 27769 Open Rx of posterior malleolus fx, w/ internal fixation when performed
- 27784 Open Rx proximal fibula or shaft, ± internal/external fixation
- 27792 Open Rx of lateral malleolus, ± internal/external fixation
- 27814 Open Rx of bimalleolar fx, ± internal/external fixation
- 27822 Open Rx trimalleolar ankle fx, med & lat malleoli only, ± internal/external fix
- 27823 Open Rx trimalleolar ankle fx, including posterior malleolus, ± internal/external fix
- 27825 Closed Rx pilon fx, w/ traction or manipulation
- 27826 Open Rx pilon fx, internal/external fixation of fibula ONLY
- 27827 Open Rx pilon fx, internal/external fixation of tibia ONLY
- 27828 Open Rx pilon fx, internal/external fixation of tibia AND fibula
- 27829 Open Rx distal tibial-fibular syndesmosis, ± internal/external fixation
- 27832 Open RX proximal tibiofibular joint dislocation, w or w/o fixation or with excision
- 27880 Amputation leg, through tibia and fibula
- 27881 Amputation leg, with immediate cast, includes first cast
- 27882 Guillotine Amputation, leg, thru tibia & fibula; open, circular
- 27886 Amputation leg, through tibia and fibula, re-amputation
- 27888 Amputation ankle, through malleoli (Syme amputation)

FOOT AND TOES

- 28008 Foot fasciotomy
- 28406 Percutaneous skeletal fixation of calcaneal fx, with manipulation
- 28415 Open Rx calcaneal fx, ± internal/external fixation
- 28445 Open Rx of talus fx, ± internal/external fixation
- 28465 Open Rx of tarsal bone fx (not calcaneus or talus), ± internal/external fix, each
- 28476 Percutaneous pinning of metatarsal fx, w/manipulation, each

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28485 Open Rx of metatarsal fracture, ± internal/external fixation, each
28496 Percutaneous pinning great toe fx, w/manipulation
28505 Open Rx of great toe fx, ± internal/external fixation
28525 Open Rx of phalangeal fx, lesser toes, ± internal/external fix, each
28555 Open Rx of tarsal bone dislocation, w or w/o internal/external fixation
28585 Open Rx of talotarsal joint dislocation, w or w/o internal/external fixation
28606 Percutaneous skeletal fx of tarsometatarsal joint dislocation, with manipulation
28615 Open Rx tarsometatarsal jt. dislocation (Lisfranc), ± internal/external fixation
28645 Open Rx of metatarsophalangeal joint dislocation, w or w/o internal/external fixation
28805 Amputation, foot; transmetatarsal