**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*](https://www.acgme.org/what-we-do/accreditation/program-application-information/)*.”*

*This document contains the “Specialty-specific Application Questions.” After completing 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

**Participating Sites**

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

If “NO,” explain.

|  |
| --- |
| Click here to enter text. |

**Resources**

|  |  |
| --- | --- |
| 1. Is the Sponsoring Institution a care center for persons with spinal cord dysfunction? [PR I.D.1.a), I.D.1.b.(4)] | YES  NO |

If “NO,” name the care center for spinal cord dysfunction with which the program is affiliated.

[PR I.D.1.a), I.D.1.b.(4)]

|  |
| --- |
| Click here to enter text. |

1. For each participating site, indicate with a check mark which consultant services will regularly interact with fellows and provide instruction to the fellows on the areas of their practices relevant to spinal cord dysfunction. [PR I.D.1.b).(7).(a)]

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

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

|  |
| --- |
| Click here to enter text. |

###### Personnel

**Other Program Personnel [PR II.D.1.]**

Indicate whether staff members in the following disciplines will be available to the program.

| **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**

**Patient Care and Procedural Skills [PR IV.B.1.b)]**

Indicate the settings and activities in which fellows will develop competence in the following areas of patient care. Also, indicate the method(s) used to evaluate competence in each area.

| **Proficiency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| Determining neurological level and completeness of injury based on comprehensive neurologic assessment consistent with recognized standards  [PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Completing a functional assessment based on neurological, musculoskeletal and cardiopulmonary examinations and psychosocial and pre-vocational 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. |
| Establishing short- and long-term rehabilitation goals based on the level and completeness of the lesion, including goals for self-care and mobility, and coordinating the implementation of the rehabilitation program to meet such goals  [PR IV.B.1.b).(1).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Referring and collaborating with programs of vocational rehabilitation, therapeutic recreation, and adaptive sports [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. |
| Managing and evaluating assistive equipment, including manual, power-assisted or power 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. |
| Appropriate consultation and referral: | | |
| Coordinating treatment of infections, 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 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. |
| Selecting appropriate surgical procedures for skin problems, including debridement, resection of soft tissue and bone, the development of flaps for soft tissue coverage, and providing pre- and post-operative management of patients following these procedures  [PR IV.B.1.b).(1).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing sexual dysfunction and reproductive health following spinal cord injury  [PR IV.B.1.b).(1).(b).(iv)] | Click here to enter text. | Click here to enter text. |
| Coordinating assessment and management of behavioral and mental health disorders, including depression, suicide risk, substance use disorder, and Opioid Use Disorder  [PR IV.B.1.b).(1).(b).(v)] | Click here to enter text. | Click here to enter text. |
| Evaluating and managing: | | |
| Abnormalities in the various body systems resulting from spinal cord dysfunction, including pulmonary, genitourinary, endocrine, metabolic, vascular, cardiac, gastrointestinal, and integumentary  [PR IV.B.1.b).(1).(c).(i)] | Click here to enter text. | Click here to enter text. |
| The medications for persons with spinal cord injury, including changes in pharmacokinetics, pharmacodynamics, drug interactions, over-medication, and compliance  [PR IV.B.1.b).(1).(c).(ii)] | Click here to enter text. | Click here to enter text. |
| Musculoskeletal disorders associated with spinal cord dysfunction, including shoulder pain or subluxation, overuse syndromes, back or neck pain, and heterotopic ossification  [PR IV.B.1.b).(1).(c).(iii)] | Click here to enter text. | Click here to enter text. |
| Neurogenic bladder dysfunction, including urinary tract infection and urinary calculi  [PR IV.B.1.b).(1).(c).(iv)] | Click here to enter text. | Click here to enter text. |
| Neurogenic bowel disfunction  [PR IV.B.1.b).(1).(c).(v)] | Click here to enter text. | Click here to enter text. |
| Orthostatic hypotension, autonomic dysreflexia, venous thromboembolism, and other cardiovascular or autonomic dysfunction following spinal cord injury  [PR IV.B.1.b).(1).(c).(vi)] | Click here to enter text. | Click here to enter text. |
| Osteoporosis and pathological fractures  [PR IV.B.1.b).(1).(c).(vii)] | Click here to enter text. | Click here to enter text. |
| Post-acute medical care of persons with medical causes of spinal cord dysfunction, including multiple sclerosis, motor neuron disease, transverse myelitis, and other disorders affecting the spinal cord, to include degenerative and arthritic disorders, infectious disorders, inflammatory and auto-immune disorders, neoplastic disease, vascular disorders, toxic/metabolic disorders and congenital/developmental disorders  [PR IV.B.1.b).(1).(c).(viii)] | Click here to enter text. | Click here to enter text. |
| Post-traumatic syringomyelia, entrapment neuropathies and other causes of neurological decline following spinal cord injury [PR IV.B.1.b).(1).(c).(ix)] | Click here to enter text. | Click here to enter text. |
| Pressure injuries, including appropriate use of specialized beds, cushions, wheelchairs, and pressure mapping  [PR IV.B.1.b).(1).(c).(x)] | Click here to enter text. | Click here to enter text. |
| Respiratory complications including airway management, atelectasis, pneumonia, ventilator management and weaning, sleep-disordered breathing, and progressive respiratory declineafter spinal cord injury  [PR IV.B.1.b).(1).(c).(xi)] | Click here to enter text. | Click here to enter text. |
| Spasticity and pain disorders associated with spinal cord dysfunction  [PR IV.B.1.b).(1).(c).(xii)] | Click here to enter text. | Click here to enter text. |
| Counseling and educating patients and families about prognosis and the effects of spinal cord injury [PR IV.B.1.b).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Providing ongoing follow-up and preventive health care to optimize health and function, and in coordinating this care with the patient’s primary care physician  [PR IV.B.1.b).(1).(e)] | 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).(f)] | 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 of treatment  [PR IV.B.1.b).(1).(g)] | Click here to enter text. | Click here to enter text. |
| Use and interpretation of diagnostic studies related to spinal cord injury medicine, including radiographic imaging, laboratory data, urodynamic studies, and clinical neurophysiologic testing to assess nerve and spinal cord function [PR IV.B.1.b).(1).(h)] | Click here to enter text. | Click here to enter text. |
| Performing or directing the performance of interventions for managing spasticity, such as chemo-denervation and intrathecal drug delivery systems, and understanding their indications, precautions, and associated risks  [PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge [PR IV.B.1.c)]**

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

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| 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 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 emergency medicine, neurological surgery, orthopaedic surgery, 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. |
| Research and clinical trials in neuroprotection, regeneration, and repair of the injured spinal cord [PR IV.B.1.c).(1).(d)] | 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).(e)] | 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).(f)] | Click here to enter text. | Click here to enter text. |
| The value, indications, contraindications, and pre- and post-operative care of tendon and muscle transfers and other operative procedures that would enhance function  [PR IV.B.1.c).(1).(g)] | Click here to enter text. | Click here to enter text. |
| Indications and contraindications of phrenic nerve and diaphragm pacing, as well as invasive (i.e., tracheostomy) and non-invasive (i.e., oral/nasal interfaces) ventilatory techniques  [PR IV.B.1.c).(1).(h)] | 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).(i)] | 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).(j)] | 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).(k)] | Click here to enter text. | Click here to enter text. |
| The various options for treatment of fractures and dislocations at all vertebral levels  [PR IV.B.1.c).(1).(l)] | 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).(m)] | Click here to enter text. | Click here to enter text. |
| The special needs of children and adolescents with spinal cord injury [PR IV.C.1.c).(1).(n)] | Click here to enter text. | Click here to enter text. |
| The professional role and contributions of the various health professions individually and collectively  [PR IV.B.1.c).(1).(o)] | 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 average case load of six hospitalized patients when on an inpatient rotation? [PR IV.C.3.c)] | YES  NO |

If “NO” explain.

|  |
| --- |
| Click here to enter text. |

1. Briefly describe fellow experience managing the psychological effects of patients’ impairments in concert with appropriate disciplines and other team members to prevent their interference with a patient’s reintegration and re-entry into the community. [PR IV.C.3.d)]

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

1. Briefly describe fellow interaction with occupational therapists, orthotists, physical therapists, prosthetists, psychologists, recreational and vocational therapists, rehabilitation nurses, social workers, speech/language pathologists, and in-patient care management. [PR IV.C.5.]

|  |
| --- |
| Click here to enter text. |

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

|  |  |
| --- | --- |
| 1. Case-oriented multidisciplinary conferences | YES  NO |
| 1. Journal club | YES  NO |
| 1. Quality improvement seminars | YES  NO |

|  |  |
| --- | --- |
| 1. Will quality improvement seminars include discussion of functional outcomes of persons served, as well as other practice improvement activities that will help engage fellows in lifelong learning? [PR IV.C.6.a)] | YES  NO |

**\*\*\***

The following area is optional and can be used to explain any unique scenarios occurring in the program that do not fit the confines of this form.

***Limit response to 500 words.***

|  |
| --- |
| Click or tap here to enter text. |