

# Reflections on Sports Medicine Fellowship Applications

**Christopher L. Shultz, MD**

Department of Orthopaedics & Rehabilitation, The University of New Mexico Health Sciences Center, Albuquerque, New Mexico

**Corresponding Author** Christopher L. Shultz, MD. Department of Orthopaedics & Rehabilitation, MSC10 5600, 1 University of New Mexico, Albuquerque, NM 87131 (email: cshultz2@salud.unm.edu).

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When I started the process of applying to sports medicine fellowships, I wanted to pick the “best” fellowship; that is a natural desire for most of us in this field. We are all inherently competitive and want to position ourselves to be the best possible orthopaedic surgeons, with as many work opportunities as possible. That is normal. The challenge is that there really is not a “best” sports medicine fellowship. By rule of the Accreditation Council for Graduate Medical Education and the American Orthopaedic Society for Sports Medicine, all fellowships meet the same general requirements.<sup>1</sup> There are programs that offer more operative volume or greater surgical complexity than others, some that are more well rounded, and some that are less balanced. Some are academic (ie, heavy focus on research and didactic time), some are not. Some have lots of sports coverage, and others basically have none. And then there is the name (we will get to that later). The key is to try to get the best combination of all of these attributes.

## MENTORSHIP

The personal relationship with mentors cannot be overstated and is arguably the most important piece of this puzzle. Fellowship is a long year to learn. But the truth is, we continue learning substantially throughout practice. Even if you want to slam through 500 anterior cruciate ligament (ACL) reconstructions a year, some patients will return with a problem and not every case will be straight forward. For challenging cases, and more importantly challenging life choices, it is helpful to have your mentors a phone call or text away.

## DIVERSE TRAINING

With nearly 100 programs to choose from, there is no excuse to sacrifice an area of training. Ideally, we would all learn how to perform an ulnar collateral ligament reconstruction from Tommy John or be taught the iliotibial band ACL reconstruction technique from Dr. Lyle J. Micheli himself. But realistically this isn't possible. After completing a sports medicine fellowship,

surgeons should be comfortable with the following core disciplines: hip arthroscopy, open shoulder (instability and arthroplasty), superior capsule reconstruction, and revision ACL. When graduating from a sports medicine fellowship, you need a unique, marketable skill. No practice, academic or private, is looking to hire a young surgeon to scoop up their young, healthy patients waiting for ACL reconstruction. Whether you love or hate hip scopes, you should have a niche skill until you build up the practice you want.

## SPORTS COVERAGE

Sports coverage is an important element of fellowship training, so much so that it is in the name of the specialty. Each program provides various coverage opportunities, ranging from high school football Friday nights to National Football League games every Sunday. It is helpful to understand the role a team physician plays if you would like to make that a part of your practice; and certainly dropping the Michigan football block “M” on your resume does not hurt either. But keep in mind the return on your investment is fairly capped. The hours spent on the sideline evaluating players are not drastically different than those spent in clinic. Although coverage may be a valuable experience, trading 8 hours with the team Saturday for 8 hours reading literature or operating may in fact be more worthwhile to your development as a surgeon.

## RESEARCH

Lastly, some programs have a heavier focus on academic training than others. Academic fellowships tend to draw more complexity and breadth, which are key elements to fellowship training. To be an appealing applicant, it helps to demonstrate a common ground in research. Truthfully, most residents find research challenging because the associated labor is not particularly exciting. However, research is valuable in that you become an expert in a subspecialized aspect of your field. With this research comes connections, and with connections come opportunity.

## PROGRAM LOCATION

The location of a fellowship is important to consider, but falls fairly low on the priority totem pole. Although the location of an institution is ideally comfortable and affordable, you could live anywhere for a year. Perhaps more importantly, one should consider job interests after fellowship. Finding a job in an unfamiliar location can be challenging; there is value in having “boots on the ground” in an area that you want to live and understand the local demand for a sports-trained orthopaedic surgeon and market saturation.

## REPUTATION AND MATCHING

A former graduate of my residency program urged us to blind ourselves to the name of a program and “pick a program that suits your needs, instead of choosing one that you can simply tolerate but employs someone famous.”<sup>2</sup> While I agree, I also acknowledge that everyone wants to go to an institution with a good reputation—it just makes sense. Thus, I would like to expand on his point and suggest that it is important to consider *to whom* the name is important. Although the layperson may care that you trained at Mayo Clinic instead of South Central Louisiana State University, the mention of “Mayo” among some academic-based sports medicine surgeons has resulted in skeptical looks on more than one occasion. Ultimately, relying on the reputation to train you to be a competent, thoughtful surgeon is dangerous. If your goal is to capture the patient population that values an institution’s reputation above all else, then you should pursue those fellowship programs. However, do not let the name of a fellowship come at the cost of mentorship, surgical volume, surgical complexity, and research opportunity.

The great news about sports medicine fellowships and the San Francisco Match is that the ball is firmly in the applicant’s court. A recent study published in the *Orthopaedic Journal of Sports Medicine* found that nearly 50% of applicants matched their first choice and 70% matched their top two.<sup>3</sup> This pales in comparison to the 30% of programs matching their top applicants.<sup>3</sup> The 2017-2018 San Francisco Match saw a near equal number of applicants to number of positions offered.<sup>4</sup> These statistics are a welcome change to the stresses we faced in residency matching.

## IDEAL FELLOWSHIP

The ideal sports medicine fellowship—for me—is academic without heavy pressure in research. It has every possible subfield of sports covered (shoulder, elbow, hip, knee, ankle, pediatrics). It should be run by experienced, well-published mentors and experts; it facilitates your learning by a combination of both observing and doing. It is in a comfortable, affordable location and covers enough athletics to build a CV and experience without standing shadow on the sideline or sacrificing every Saturday, Sunday, and weeknight.

I have decided that a fellowship with Drs. John Tokish, Ned Amendola, Asheesh Bedi, Marc Philippon, Christopher Harner, and Robert LaPrade located in Coeur d’Alene, Idaho covering college hockey would probably cover those bases. Unfortunately, I have yet to see that fellowship advertised on the San Francisco Match.

At the end of the day, there is no objective criteria to claim that one fellowship is better than another. To my surprise, institutions that I have left excited about have left other applicants underwhelmed and vice-versa. This speaks to the subjectivity of the community’s value of a “good” fellowship. Fortunately, there are many great fellowships out there, and the definition of great deeply depends on your career goals. The overwhelming majority of applicants whom I interacted with along the trail have echoed the sentiment that they would be happy to match at nearly any of the programs interviewed. It is a prosperous time to be a sports medicine fellowship applicant.

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