



**Application to Establish a Fellowship Training Center for  
ACVS Minimally Invasive Surgery, Large Animal Orthopedics**

**Founding Fellow or Fellow of the ACVS Minimally Invasive Surgery (Large Animal Orthopedics) Fellowship  
present at the institution/practice completing this application:**

Name (print): \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_

Institution / Practice: \_\_\_\_\_  
Institution / Practice Address: \_\_\_\_\_  
\_\_\_\_\_

Names of other MIS-SA Orth Founding Fellows or Fellows present at your institution/practice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following questionnaire. It will be reviewed by the ACVS MIS (Large Animal Orthopedics) Fellowship Oversight Committee (FOC). You will receive a response within 30 days of submitting the application. If you have questions about this application, please contact the chair of the FOC.

1. How many ACVS MIS-LA Orth Founding Fellows or Fellows are present at your institution/practice?

\_\_\_\_\_

2. How many arthroscopic / tenoscopic towers are available in your institution/practice?

\_\_\_\_\_

3. Which of the following equipment is available in your institution/practice?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 4.0 mm arthroscopic camera / cannula:             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motorized resector / bone burr:                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| AO/ASIF internal fixation equipment:              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Locking plate and screw capabilities:             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surgical bone saw:                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surgical drill:                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fluoroscopy:                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Monopolar electrocautery:                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bipolar electrocautery:                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Radiofrequency probes:                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Intraoperative CT:                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Articular cartilage augmentation / microfracture: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Articular cartilage grafting / pinning equipment: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Regenerative therapies (MSC, PRP, IRAP, APS):     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gas arthroscopy:                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Indicate how many minimally invasive surgeries are you performing per year.

**Arthroscopy — Total:** \_\_\_\_\_

- |   |       |                                       |       |
|---|-------|---------------------------------------|-------|
| Distal interphalangeal joint            | _____ | Humeroradial joint (elbow)            | _____ |
| Proximal interphalangeal joint          | _____ | Scapulohumeral joint (shoulder)       | _____ |
| Metacarpo(tarso)phalangeal joint        | _____ | Coxofemoral                           | _____ |
| Antebrachiocondylar/middle carpal joint | _____ | Temporomandibular joint               | _____ |
| Tarsocrural joint                       | _____ | Cervical articular facet              | _____ |
| Femoropatellar joint                    | _____ | Arthroscopic-guided internal fixation | _____ |
| Femorotibial joints                     | _____ |                                       |       |

**Tenoscopy — Total:** \_\_\_\_\_

Digital flexor tendon sheath \_\_\_\_\_

Carpal sheath \_\_\_\_\_

Tarsal sheath \_\_\_\_\_

**Bursoscopy — Total:** \_\_\_\_\_

Navicular bursa \_\_\_\_\_

Bicipital bursa \_\_\_\_\_

Calcaneal bursa \_\_\_\_\_

**Fracture repair / arthrodesis — Total:** \_\_\_\_\_

Equine \_\_\_\_\_

Livestock \_\_\_\_\_

5. Describe the on-site simulators available in your institution/practice?

6. Other specialty present in your institution/practice?

Radiologist on site  Yes  No

Radiologist off site  Yes  No

Availability (hours per week): \_\_\_\_\_

Anesthesiologist on site  Yes  No

Anesthesiologist off site  Yes  No

Availability (hours per week): \_\_\_\_\_

Criticalist on site  Yes  No

Criticalist off site  Yes  No

Availability (hours per week): \_\_\_\_\_

7. Which of the following advanced imaging technologies are available in your institution/practice?

CT scanner

Yes

No

MRI

Yes

No

8. Describe any additional equipment at the institution.