



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

Founding Fellow or Fellow of the ACVS Founding MIS Small Animal Soft Tissue Surgery Fellowship present at the Institution/Practice:

Name (print): _____

Phone: _____

Email: _____

Institution/Practice: _____

Institution/Practice Address: _____

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

1. How many Founding Fellows or Fellows of the ACVS MIS Small Animal Orthopedic Surgery Fellowship are present at your institution/practice?
2. Do the Founding Fellows and/or Fellows at your site have the expertise to provide fellowship level training in both arthroscopy and MIS fracture treatment? If not, what is your plan to provide training in these two disciplines?
3. How many arthroscopic towers are available in your institution/practice?
Which of the following equipment is available at your institution/ practice? *Select all that apply.*
 - Arthroscopic camera (type)
 - 4.0mm arthroscope
 - 2.7mm arthroscope
 - 2.3 or 2.4mm arthroscope
 - 1.9mm arthroscope
 - Motorized shaver
 - Arthroscopic instrumentation pack (switching sticks, cannulas, arthroscopic probes, graspers, biopsy punches, meniscal knives)
4. How many C-arms are available in your institution/ practice?
5. How many personnel are certified for C- arm use in your institution/ practice?
6. Which of the following equipment is available at your institution/practice? *Select all that apply.*

- External Skeletal Fixation
- Interlocking nail
- Locking bone plate systems
- Standard (non-locking bone plate systems)

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

Computed Tomography
MRI

8. How many minimally invasive surgeries are you performing per year? List the approximate total number for all that apply.

Arthroscopy:

Shoulder biceps tendon surgery
Shoulder OCD
Shoulder instability

Septic arthritis lavage/ debridement, any joint

Hip diagnostic

Elbow FMCP removal
Elbow OCD
Elbow BURP
Elbow subtotal coronoidectomy
Elbow UAP

Stifle diagnostic
Stifle meniscectomy
Stifle meniscal repair/ stabilization

Hock diagnostic or OCD

Carpus diagnostic

Other (please specify)

Total # arthroscopic procedures: _____

MIS Fracture repair:

Humeral diaphysis
Humeral greater tubercle
Humeral condyle SH IV
Radial/ulnar diaphysis
Femoral diaphysis
Tibial diaphysis
Tibial tuberosity avulsion

Proximal tibial physis
Distal tibial physis
Femoral capital physis
Distal femur physeal
Sacroiliac luxation
Other (please specify)

Total # of MIS Fracture Repairs: _____

9. Which on-site instructional modalities are available in your institution/practice?

Journal club/ literature review

Simulators

Arthroscopic cadaveric practice

Fracture repair cadaveric practice with post-operative radiographic analysis

10. Are other specialists present at your institution/practice?

Radiologist

On Off site

Availability (hours per week): _

Anesthesiologist

On Off site

Availability (hours per week): _

Criticalist

On site_ Off site _

Availability (hours per week): _

11. Describe availability of physical rehabilitation in your institution/practice?