



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

This application is completed by the following ACVS Founding Fellow or Fellow, Minimally Invasive Surgery (Large Animal Orthopedics), affiliated with the institution/practice listed below:

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.