

## **Goals and Objectives for Spine Rotation**

### **Resident Years: PGY1, PGY3**

1. Workup and present a patient with an orthopaedic spine problem specifying the diagnosis, additional studies and treatment options. This should include the ability to take a detailed history and perform an accurate exam.
2. Demonstrate general understanding of various diagnostic modalities of the spine.
3. Describe the natural history of the patient's problem if untreated, treated non-operatively and treated operatively.
4. To elucidate current treatment concepts for the spine patients based on the diagnosis.
5. Correctly assist and apply dressings, braces, halo, and orthotics to protect post-operative conditions.
6. Demonstrate pre-op readiness by specifying the following for each case:
  - a) Surgical indications.
  - b) Incision, approach relevant anatomy and step-by-step procedure.
  - c) Expected difficulties and pitfalls.
  - d) Contingency plans.
  - e) Criteria of acceptable results.
  - f) Perform and assist surgical procedures for common adult problems, application of skeletal traction, posterior cervical, thoracic and lumbar decompression including microdiscectomy and laminectomy with or without fusion, various spinal trauma, and grafting and instrumentation procedures.
  - g) List equipment needed for the fixation of simple fractures/procedures.
  - h) Demonstrate attention to detail in follow-up for post-op patients.
  - i) Recognize early complications.
7. Manage the orthopaedic specialty spine clinic with the spine attending.
8. The spine resident has priority to assist with all traumatic operative spines.
9. Spine trauma consultations: The emphasis on this rotation is on inpatient and outpatient management of spinal conditions. For trauma, initial evaluations should routinely be handled by the orthopaedic trauma service or, if available, by the spine resident. All trauma cases should be reviewed by the spinal rotation resident with a discussion on management options and follow-up.
10. The goal is to achieve a balance of office evaluation, operative cases and office follow-up for continuity.
11. The spine resident is responsible for presenting the monthly spine case review conference on the second Monday of the month.
12. Demonstrate skills competency in the Bioskills Cadaver Lab.