

COURSE: **1101: Foundations in Arthroscopy Meeting Agenda**

DATE: **October 10-12, 2021**

TIME: **Sunday 10:45am to Tuesday 5:30pm**

LOCATION: **OLC, Rosemont IL**

Sunday, October 10th		
Time	MOTOR SKILLS DAY	Location
10:45-11am	Course Welcome. Meet Your Faculty, (Course Goals/Agenda, Proficiency-based Advancement). <i>(Aud B)</i> Group A, Aud A = 10:15am, Group B, Aud B = 10:30am; Group C, Aud C= 10:45am <i>Coffee available at OLC 10-11:30am</i>	Group A = Aud A Group B = Aud B Group C – Aud C
11-11:15am	Course and Master Faculty Introductions	Aud A/B/C
	Each participant now rotates three times: once in sims/roundtables, once in FAST basic motor skills, and once in FAST knot tying. Follow your highlighted group (see your badge for group letter): Rotation one: 11:30a-1 p.m. Rotation two: 1:45-3:15 p.m. Rotation three: 4-5:30 p.m.	
11:30am-1pm	Motor Skills Rotations Part I Group A - FAST Basic Motor Skills, FAST Dry Lab (Lab A) Group B - FAST Knot Tying (Lab B) Group C – Sims and Roundtables (Aud B/C)	--
1-1:45pm	Lunch – Registrants in Auds A/B/C; Faculty in Board Room. <i>Coffee available at OLC 1-4pm</i>	--
1:45-3:15pm	Motor Skills Rotations Part II Group A - FAST Knot Tying (Lab B) Group B – Sims and Roundtables (Aud B/C) Group C – FAST Basic Motor Skills (Lab A)	--
3:15-3:45pm	Break/Snacks	Auds/Lobby
4:00-5:30pm	Motor Skills Rotations Part III Group A – Sims and Roundtables (Aud B/C) Group B – FAST Basic Motor Skills (Lab A) Group C – FAST Knot-tying (Lab B)	--

<p>5:45pm</p>	<p>Dinner Lecture: OLC Overview Lecture: How I Became a Better Arthroscopist Registrants in Auds A/B/C; Faculty in Board Room. <i>Coffee available at OLC 5:30-7pm</i></p>	<p>Auds A/B/C</p>
<p>7:00pm</p>	<p>Session ends</p>	

Monday, October 11th		
Time	KNEE DAY	Location
	Please have breakfast at the Hampton Inn prior to arrival at OLC in your grouped times. Coffee available at OLC 6:30-7:30am	
6:30-7:15am	<p>6:30: FACULTY arrive. Please get your locker assignment and scrubs at Reg Desk B, then please proceed directly to locker room and lab.</p> <p>6:45: Group A arrive. Please get your locker assignment and scrubs at Reg Desk B, then please proceed directly to locker room and lab.</p> <p>7:00: Group B arrive. Please get your locker assignment and scrubs at Reg Desk B, then please proceed directly to locker room and lab.</p> <p>7:15am: Group C arrive. Please get your locker assignment and scrubs at Reg Desk B, then please proceed directly to lab.</p>	OLC
7:30am-12pm	<p>Cadaver Lab Session 1, including focus lectures:</p> <ul style="list-style-type: none"> • 7:30a.m.: OSHA and Knee Day Welcome • 8:00a.m.: Basics of Knee Arthroscopy, Meniscus, and Root Tears • Approx. 9:30a.m.: ACL #1 • DEMO: Guided surgical dissection (anterior approach and anatomy, lateral approach and anatomy, posterior approach and anatomy, and medial approach and anatomy) <p>Draw anatomic landmarks, choose portal sites but wait for faculty to confirm portal sites. Brief faculty meeting to review consensus goals, mission, and focus of course.</p> <p>Lab Procedures: Portals, Diagnostic Scope, Gillquist Maneuvers, Accessory Portals, Loose Body Removal, Partial Synovectomy, Meniscectomy and Meniscus Repairs. Each participant will perform each of the above procedures, in sequence, focusing on the motor skill emphasis of the prior day. Faculty will provide dynamic feedback throughout the lab session.</p> <p><i>Proficiency based HARD STOP (ASSET) must occur prior to meniscus repair. If student does not achieve a baseline level of proficiency as assessed by their faculty, they will be asked to repeat the previous step and retest. It is possible that station partners will be changed if both partners are not at similar levels. Fast paced students may return to sim lab or, under the guidance of their faculty, perform microfracture, OATS, or arthroscopic medial capsular reefing. DO NOT advance to graft harvest or ACL reconstructions until didactic presentations are provided.</i></p>	Cadaver Lab
12-1pm	<p>Lunch: group A (Aud A), group B (Aud B), group C (Aud C). Faculty in conference room. Master faculty in Aud B giving talks streamed to all rooms. <i>Coffee available at OLC 12-1pm</i></p> <p>Lecture: ACL Reconstruction</p>	Auds
1-1:30pm	1pm: Group A + faculty move to Lab	

	1:10pm: Group B + faculty move to Lab 1:20pm: Group C + faculty move to Lab	
1:30-5:30pm	<p>Cadaver Lab Session 2, including focus lectures:</p> <ul style="list-style-type: none"> • 1:30p.m.: ACL #2 • Approx. 3:30p.m.: Posterolateral Corner lecture with DEMO <p>Participants to perform ACL reconstructions including tunnel placement, graft passage, fixation; perform hamstring reconstruction before BTB due to fluid extravasation. After BTB and quad tendon harvest, close capsule tightly to allow for adequate visualization.</p> <ul style="list-style-type: none"> • Formal proficiency-based feedback regarding afternoon tasks should be provided to each student immediately after ACL reconstruction. If student demonstrates weaknesses in motor skills or arthroscope manipulation, they may be asked to return to previous interventional procedures or practice on simulator. Fast paced, proficient students may return to sims for practice or, under the guidance of their associate faculty, proceed to arthroscopic posterior cruciate ligament reconstruction. If time allows, consider LCL, PLC reconstruction or MPFL reconstruction. Prior to proceeding with PCL reconstruction, the student must review the Powerpoint video available on the AANA Mobile App. 	Cadaver Lab
5:30-6:30pm	Non-CME Presentation Details Coming Soon!	
7:00pm	Faculty dinner	

Tuesday, October 12th		
Time	SHOULDER DAY	Location
	Please have breakfast at the Hampton Inn prior to arrival at OLC in your grouped times. Coffee available at the OLC 6:30-7:30am	
6:45-7am	<p>6:30: FACULTY arrive. Please get your locker assignment and scrubs at Reg Desk B, then please proceed directly to locker room and lab.</p> <p>6:45: Group A arrive. Please get your locker assignment and scrubs at Reg Desk B, then please proceed directly to locker room and lab.</p> <p>7:00: Group B arrive. Please get your locker assignment and scrubs at Reg Desk B, then please proceed directly to locker room and lab.</p> <p>7:15am: Group C arrive. Please get your locker assignment and scrubs at Reg Desk B, then please proceed directly to lab.</p>	OLC
7am-12pm	<p>Cadaver Lab Session 1 including lectures:</p> <ul style="list-style-type: none"> • 7:30a: Shoulder Day Welcome • 8:00a.m.: How To: Set Up Portals, Anatomy, Diagnostic Scope etc. • Approx. 9:30a: Arthroscopic Labral, SLAP, instability repair <p>Participants in the Laboratory for Glenohumeral Arthroscopy for Portal Placement, Diagnostic Glenohumeral Arthroscopy, Loose Body, Bankart Repair and SLAP Repair. Faculty Will Provide Dynamic Feedback Throughout the Lab Session.</p> <p>Proficiency based STOP (ASSET) will occur immediately after diagnostic arthroscopy and loose bodies. If student demonstrates weaknesses in motor skills or arthroscope manipulation, they may be asked to return to previous interventional procedures or practice on simulator or models prior to retesting. It is possible that station partners will be changed if both partners are not at similar levels.</p>	Cadaver Lab
12-1pm	<p>Lunch: group A (Aud A), group B (Aud B), group C (Aud C). Faculty in conference room. Master faculty in Aud B giving talks streamed to all rooms. <i>Coffee available at the OLC 12-2:30pm.</i></p> <p>Lectures:</p> <ul style="list-style-type: none"> • Subacromial Arthroscopy: Bursectomy etc. • Arthroscopic Cuff Repair/FAST Puck Model Overview 	Auds
1-2:15pm	ROTATOR CUFF REPAIR on FAST models – Aud A, B, C, and OLC Conf Room as assigned in folders/on badges	Auds/Conf Room
2:15-2:45pm	<p>2:15 Group A + faculty move to Lab</p> <p>2:25 Group B + faculty move to Lab</p> <p>2:35 Group C + faculty move to Lab</p>	

<p>2:45-5:30pm</p>	<p>Cadaver Lab Session 2: 3:00p.m.: Lecture: Arthro Rotator Cuff Repair Including How to Make a Tear Approx. 4:30p.m.: Guided Surgical Dissection DEMO: Mini-Open RCR</p> <p><i>Participants in the Laboratory for Subacromial Arthroscopy Bursectomy, Subacromial Decompression, and AC Joint Resection. Formal proficiency-based feedback (weaknesses, strengths & areas to improve) regarding shoulder arthroscopy tasks should be discussed. If student demonstrates weaknesses in motor skills or arthroscope manipulation, they may be asked to return to previous interventional procedures or practice on simulator or models.</i></p> <ul style="list-style-type: none"> Assuming Cadaveric Specimen Has Intact Rotator Cuff, Student May Proceed to Preparing Cuff Tear and Arthroscopic Rotator Cuff Repair. If Tissue Quality is Poor or Student Has Not Attained Proficiency Level Commensurate with Arthroscopic Repair, Student May Progress to Mini-Open or Repeat the Procedure on the FAST Workstation. <i>Accelerated Students May Return to GH Joint to Perform Capsular Release, Microfracture, Biceps Tenotomy, Arthroscopic Biceps Tenodesis</i> 	<p>Cadaver Lab</p>
<p>5:30pm</p>	<p>Course adjourns</p>	

THANK YOU TO OUR COURSE FACULTY:

Course Co-Chairs:

Mark Hutchinson, MD, James Leonard, MD

Master Instructors:

Matthew Marcus, MD

Learning Objectives

At the completion of this course the participant will be able to:

1. Demonstrate fundamental knowledge to safely perform shoulder and knee arthroscopy
2. Develop arthroscopic and surgical motor skills for various procedures in the shoulder and knee
3. Master safely setting up an operating room with minimal oversight and guidance

Statement of Need

AANA has determined the need for this live educational activity based on identifying professional practice gaps, previous course evaluations and the AANA Self-Assessment Examination. The educational content of this activity was based upon current issues and topics provided by AANA planning committees and membership.

Continuing Medical Education/Credit Designation

The Arthroscopy Association of North America is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Arthroscopy Association of North America designates this live activity for a maximum of 28.00 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity may also help fulfill the Maintenance of Certification credit requirements mandated by the American Board of Orthopaedic Surgery.