

COURSE: 1207: Foundations in Arthroscopy Meeting Agenda

DATE: October 20-22, 2022

TIME: Thursday 10:45am to Saturday 5:30pm

LOCATION: OLC, Rosemont IL

Thursday, October 20 th		
Time	MOTOR SKILLS DAY	Location
10:30-11:00am	Course Registration	Lobby
11:00-11:20am	Welcome and Course Overview Paul Fadale, M.D.	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 (Aud B) Group C – Sims and Roundtables (Aud C and Sim Room)	--
1-1:45pm	Lunch Break	--
1:45-3:15pm	Motor Skills Rotations Part II Group A - FAST Knot Tying (Aud B) Group B – Sims and Roundtables (Aud C and Sim Room) 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 C and Sim Room) Group B – FAST Basic Motor Skills (Lab A)	--

	Group C – FAST Knot-tying (Aud B)	
5:45pm	Dinner 5:45-6:15pm - Basics of Arthroscopy, Michael Feldman, M.D. 6:15-6:45pm - How I Became a Better Arthroscopist, Michael Feldman, M.D., Mary Mulcahey, M.D.	Auds A/B/C
6:45pm	Session ends	

Friday, October 21 st		
Time	KNEE DAY	Location
	Please have breakfast at the Hampton Inn prior to arrival at OLC. Upon arrival, please change in to scrubs and move to the lab.	
7:15am	Faculty Arrive – Report Directly to Lab for ASSET Testing Overview	OLC
7:30am-12pm	<p>Cadaver Lab Session 1:</p> <ul style="list-style-type: none"> 7:30-8:00am: Management of Meniscal Tears, Robin Gehrman, M.D. 10:00-10:20am: ACL Part #1, Paul Fadale, M.D. 10:20-10:30am: Quad Tendon Harvest Demo, Mary Mulcahey, M.D., Robin Gehrman, M.D. <p>Draw anatomic landmarks, choose portal sites but wait for faculty to confirm portal sites.</p> <p>Lab Procedures: Portals, Diagnostic Scope, Gillquist Maneuvers, Accessory Portals, Loose Body Removal, Partial Synovectomy, Meniscectomy and Meniscus Repairs.</p> <p>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.</i></p>	Cadaver Lab
12:00-12:20pm	Lunch Served ACL Part #2, Paul Fadale, M.D.	
12:20-1:00pm	Break	
1:00-1:15pm	Return to Lab	

<p>1:30-5:30pm</p>	<p>Cadaver Lab Session 2:</p> <ul style="list-style-type: none"> • 3:30-3:50pm: Lateral/Posterolateral Corner, Paul Fadale, M.D. • 3:50-4:00pm: Posterolateral Demo, Robin Gehrman, M.D. Logan Petit, M.D. <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. • Pre-Recorded Video: Guided surgical dissection (anterior approach and anatomy, lateral approach and anatomy, posterior approach and anatomy, and medial approach and anatomy) 	<p>Cadaver Lab</p>
<p>5:30-6:30pm</p>	<p>Associate Faculty Case Presentations Beer and Pizza Served Faculty: Robin Gehrman, M.D., Michael Feldman, M.D.</p>	
<p>6:30pm</p>	<p>Session Adjourns</p>	

Saturday, October 22nd

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	
7:30am-12pm	<p>Cadaver Lab Session 1 including lectures:</p> <ul style="list-style-type: none"> • 7:30a: Basic Shoulder Portal Placement and Diagnostic Scope Review Lecture, Mary K. Mulcahey, M.D. • 10:00a: Subacromial Decompression Lecture, Michael D. Feldman, M.D. <p>Lab Procedures: 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	Break, Lunch Served	Auds
1-2:15pm	ROTATOR CUFF REPAIR on FAST models	Auds/Conf Room
2:15-2:30pm	Return to Lab	
2:30-5:30pm	<p>Cadaver Lab Session 2:</p> <ul style="list-style-type: none"> • 3:00p.m.: Principles of Rotator Cuff Repair Lecture, Robin M. Gehrman, M.D. • 5p.m.: Guided Surgical Dissection <p>Lab Procedures: Subacromial Arthroscopy Bursectomy, Subacromial Decompression, and AC Joint Resection.</p> <p><i>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</i> 	Cadaver Lab

	<i>Perform Capsular Release, Microfracture, Biceps Tenotomy, Arthroscopic Biceps Tenodesis</i>	
5:30pm	Course adjourns	

Course Co-Chairs:
Paul Fadale, M.D., Mary Mulcahey, M.D.

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.