The Arthromentor

The first commandment: "Thou shalt stop when frustrated so as to avoid breaking expensive equipment"

1. A signup sheet should be used to avoid multiple residents wanting it at the same time.

2. Having a fellow resident to practice the skills with is a good idea as it can be a lot less frustrating to figure it out together.

3. RI-RIII will be expected to use it.

4. We recommend doing a maximum of 2 hours at a time and definitely not more than 4 hours.

5. Residents should do 8 hours on their first week of the sports med rotations and another 8 hours sometime during the rest of the year on a non spine or trauma rotation.

6. Residents are expected to focus on those tasks set out in the curriculum and should be able to accomplish each task to an average level.

7. Residents will report to Dr. King and Dr. Sauder what hours they have logged in the lab and on what days and what tasks performed anthony.king@usask.ca and sauderdave@yahoo.ca

8. Residents that are having difficulty accomplishing the tasks to the expected skill level will report problems to Dr. King and Dr. Sauder.

9. The arthromentor is not for student use except if special permission is sought out from Dr. King and Dr. Sauder.

University of Saskatchewan

Arthroscopic Simulation

Arthromentor Curriculum – Shoulder

Residents must obtain at least an intermediate grade on all procedures listed for their year. It is encouraged to obtain the highest level possible for all procedures. All unlisted procedures are optional

R1 Objectives

1. Camera Navigation
    i. Operating Room
    ii. Spheres in boxes
2. Hand – eye Coordination
    i. Locate and palpate (**CA**-RP)
    ii. Pe
    iii. ndulum

R2 Objectives

1. Camera Navigation
    i. Camera Orientation (**CA**-RP) (Hint – take a few layers off to see the supraspinatus and the denuded area)

2. Glenohumeral
    i. Anterior systematic visual examination
    ii. Probe examination
    iv. Anterior probe examination
    v. Sublabral Hole
    vi. Buford complex
    vii. Bankart
    viii. Posterior Bankart
    ix. SLAP
    x. Damaged Cartilage

3. Subacromial
    i. Visual examination
    ii. Probe examination
    iii. Subacromial syndrome

4. ASD
    i. Acromioplasty

5. RCR
    i. Tissue test in L-shaped tear
    ii. Tissue test in reverse L-shaped tear
    iii. Anchors for RCR – single
    iv. Anchors for RCR – double
    v. Suture handling in RCR

R3 Objectives

1. Basic suture handling
    i. Subacromial
    ii. Glenohumeral

2. Instability and Loose Bodies (much easier in the lateral position)
    i. Anchor insertion in anterior bankart
    ii. Suture handling in anterior bankart
    iii. Loose body removal

R4 and 5 Objectives

1. To review prior to arthroscopic rotation to sharpen skills

University of Saskatchewan

Arthroscopic Simulation

Arthromentor Curriculum – Knee

R1 Objectives

1. Camera Navigation*
    i. Operating room
    ii. Spheres in boxes
    iii. Camera Orientation (CA-RP)

2. Hand-Eye Coordination*
    i. Locate and Palpate (CA-RP)

*exercise closes on own

R2 Objectives

1. Diagnostic*
    i. Visual examination (HA-FP)
    ii. Probe examination (HA-FP)
    iii. Discoid meniscus (FP)
    iv. Partial discoid meniscus (FP)
    v. Longitudinal tear (FP)
    vi. Radial Tear (FP)
    vii. Bucket Handle Tear (FP)
    viii. Parrot Beak Tear (FP)
    ix. Horizontal Tear (FP)
    x. FLAP Tear (FP)

*exercise closes on own

R3 Objectives

1. Misiscectomy**
    i. Longitudinal Tear
    ii. Radial Tear
    iii. Parrot Beak Tear
    iv. Horizontal Tear
    v. Flap Tear

2. ACL*
    i. Single Tunnel Technique

3. Loose Bodies*
    i. Loose body removal

4. Cartilage Repair**
    i. Femoral Condyle Repair

* exercise closes on own

** click x (on top right corner) to close exercise when you feel you are done

R4 and 5 Objectives

1. To review prior to arthroscopic rotation to sharpen skills