What is a Shoulder and Elbow Fellowship? Implications and Differences from Sports Medicine and Hand Training:

A fellowship in shoulder and elbow surgery implies an additional year of training after completion of a general orthopedic residency program in shoulder and elbow disorders alone. This is much different than a Sports Medicine Fellowship or a Hand Fellowship with some exposure to shoulder surgery.

Currently in the United States, there are 102 accredited Sports Medicine Fellowship Programs offering 221 fellowship positions annually. In 2010, approximately 250 graduating residents applied for Sports Medicine Fellowships. With roughly 650 orthopedic residents graduating annually, this equates to about a third of all residents pursuing sports medicine training. During a sports medicine fellowship, the fellow is exposed to all aspects of sports medicine. This essentially pertains to arthroscopy and the additional training in arthroscopic techniques and injuries related to the athlete. Arthroscopic skills require repetition to become efficient and routinely, graduating residents don’t feel entirely comfortable with advanced skills and the fellowship, therefore, fosters this additional training needed for general orthopedic practice. Throughout the year, depending on the program, the fellow may do various rotations with different surgeons on knee, shoulder, elbow and ankle disorders. Unless the surgeon is graduating from a competitive fellowship (ref: Birmingham -James Andrews, SCOI -Stephen Snyder), after completion of their training, many pursue a practice weighted on “sports medicine” which essentially equates to a general orthopedic practice with additional experience in arthroscopic surgery.

In comparison, a Hand fellowship is an additional year of training in surgery of the hand. Training is typically weighted towards surgery of the hand with a significant overlap of surgery on the elbow. Occasionally, some programs may also offer exposure to shoulder surgery but this is variable and frequently program specific. In 2011, there were 73 certified programs with 150 positions available. Graduating fellows typically pursue careers emphasizing surgery of the hand and elbow alone but may also treat shoulder conditions. Their experience in the shoulder, therefore, is often times weighted on their training program which could be of limited exposure.

Unlike a Sports Medicine Fellowship or Hand Fellowship, a Shoulder and Elbow Fellowship is purely dedicated to shoulder and elbow disorders. Currently, in the United States, there are 26 Shoulder and Elbow Fellowships accredited by the Shoulder and Elbow Society with a total of 36 spots available annually. This is a growing niche and has become a highly competitive field. During the training year, the fellow is exposed to purely open and arthroscopic shoulder and elbow techniques. Many fellowships emphasize shoulder replacement and reverse shoulder replacement surgery in addition to advanced arthroscopic training in shoulder and elbow surgery. Effectively, a surgeon with a shoulder and elbow fellowship will likely have been exposed to and have more experience than a “Sports Medicine” or “Hand” trained physician in regards to open shoulder surgery. This is particularly important when one is contemplating a shoulder replacement where experience does affect outcome. Based on two recent publications, surgeons performing a high volume of shoulder replacement surgery (more than 40 replacements per year) were noted to have a 50% reduction in overall complications. It is therefore very important to understand the differences and not be afraid to ask your surgeon about his or her experience or training background. A surgeon comfortable in their abilities will be open and honest of their experience and outcomes.