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Editorial



A Suggested Fellowship of Spine in Sports Medicine

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While sports medicine is defined as taking care of recreational and professional athletes, many of the actual patients in sports medicine clinics refer due to musculoskeletal conditions, including peripheral joint, soft tissue, and spinal pains. The sports medicine program for medical graduates is usually structured as a subspecialty or a distinct specialty program (1).

In the United States, the debate is over whether this sports medicine scholarship can prepare graduates to meet the growing need for skeletal and muscular care. Sports medicine is presented as a subspecialty fellowship in the United States. However, there is an ongoing debate in the United States about this fellowship. It is debated that if the sports medicine fellowship can prepare graduates to meet the growing need for skeletal and muscular care. The graduates of this fellowship are usually trained for peripheral joint and soft tissue care, and they lack education and skills for interventional spine care. Moreover, there are some unaccredited spine and sports and musculoskeletal and spine fellowships in response to the need for a training program to address both peripheral joint and spinal conditions (2).

Sports medicine specialists are trained for peripheral joint and soft tissue care. The lack of education on spine care is also the case in countries with sports medicine as a distinct specialty, such as the UK, Turkey, and Australia.

We gathered all curriculums of Sports Medicine, Sports and Spine, and Spine residency and fellowship programs, and then selected spine-related topics. We believe this list can include all needed educational goals for a complimentary "spine in sports" fellowship for graduates of sports medicine as a distinct specialty (supplementary file Appendices 1). The graduates of sports medicine as a distinct specialty are trained for two to four 4 years to address the pe-

ripheral joint and muscle problems. Thus, the proposed "spine in sports" fellowship educational goals would not include peripheral joint care, and it would be a short (one-year) complementary program.

Supplementary Material

Supplementary material(s) is available here [To read supplementary materials, please refer to the journal website and open PDF/HTML].

Footnotes

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