

Foundations in Arthroscopy

October 2-4, 2025

Orthopaedic Learning Center (OLC), Rosemont, Illinois

Thursday		
Time	MOTOR SKILLS DAY	Location
10:30–11 a.m.	Course Registration	Lobby
11–11:20 a.m.	Welcome and Course Overview	Aud A/B/C
	<p>Each participant now rotates three times: once in simulators/roundtables, once in FAST basic motor skills and once in FAST knot tying. Follow your highlighted group (see your badge for the group letter):</p> <p>Rotation One 11:30 a.m.–1 p.m.</p> <p>Rotation Two 1:45–3:15 p.m.</p> <p>Rotation Three 4–5:30 p.m.</p>	
11:30 a.m.–1 p.m.	<p>Motor Skills Rotations Part I</p> <p>Group A – FAST Basic Motor Skills, FAST Dry Lab (Lab A)</p> <p>Group B – FAST Knot Tying (Aud B)</p> <p>Group C – Simulators and Roundtables (Aud C and Sim Room)</p>	--
1–1:45 p.m.	<p>Business of Orthopaedic Surgery</p> <p>Lunch Available</p>	--
1:45–3:15 p.m.	<p>Motor Skills Rotations Part II</p> <p>Group A – FAST Knot Tying (Aud B)</p> <p>Group B – Simulators and Roundtables (Aud C and Sim Room)</p> <p>Group C – FAST Basic Motor Skills (Lab A)</p>	--
3:15–3:45 p.m.	Break/Snacks	Auds/Lobby
4–5:30 p.m.	<p>Motor Skills Rotations Part III</p> <p>Group A – Simulators and Roundtables (Aud C and Sim Room)</p> <p>Group B – FAST Basic Motor Skills (Lab A)</p> <p>Group C – FAST Knot Tying (Aud B)</p>	--

5:45 p.m.	Dinner 5:45–6:15 p.m. – Basics of Arthroscopy, William J. Ciccone, M.D. 6:15–6:45 p.m. – How I Became a Better Arthroscopist Panel: All Faculty	Auds A/B/C
6:45 p.m.	Session Ends	

Friday

Time	KNEE DAY	Location
	Please have breakfast at the Hampton Inn prior to arriving at the OLC. Upon arrival, please change into scrubs and move to the lab.	
7:15 a.m.	Faculty Arrive – Report Directly to Lab for ASSET Testing Overview and Faculty Expectations Faculty:	OLC
7:30 a.m.– Noon	Cadaver Lab Session 1: Knee Arthroscopy 7:30 a.m.: Recorded Demonstration: Diagnostic Knee Arthroscopy 7:45 a.m.: Pre-Recorded Lecture: Management of Meniscal Tears 8:00 a.m.: Lab Procedures <ul style="list-style-type: none"> • Draw anatomic landmarks and choose portal sites but wait for faculty to confirm portal sites • Diagnostic knee arthroscopy • Gillquist maneuver • Accessory portals • Loose body removal • Partial synovectomy • Partial meniscectomy 9:40 a.m.: Lab Procedures <ul style="list-style-type: none"> • Proficiency-based HARD STOP (ASSET) must occur prior to meniscus repair. If the student does not achieve a baseline level of proficiency as assessed by their faculty, they will be asked to repeat the previous steps and retest. It is possible that station partners will change if both partners are not at similar levels. • Meniscal repair techniques <ul style="list-style-type: none"> • All-inside • Inside-out • Outside-in 10:45 a.m.: ACL Graft Lecture Faculty: Paul Fadale, M.D. 11:15 a.m.: Live Demo: ACL Harvest Techniques (Bone-Patellar Tendon-Bone, Quad) Faculty: Mary Mulcahey, M.D. 11:30 a.m.: Lab Procedures <ul style="list-style-type: none"> • Complete any previous techniques or procedures • Can begin ACL hamstring graft harvest <p>Participants 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. Fast-paced students may return to the simulator lab or, under the guidance of their faculty, to perform microfracture, OATS or arthroscopic medial capsular reefing.</p>	Cadaver Lab
Noon–1 p.m.	Lunch and Lecture/Video Demonstration: ACL Reconstruction Techniques Faculty: Paul Fadale, M.D.	

1–5:30 p.m.	<p>Cadaver Lab Session 2: ACL Reconstruction, Surgical Anatomy, Open Dissections</p> <p>1 p.m.: Lab Procedures</p> <ul style="list-style-type: none"> • ACL graft harvest <ul style="list-style-type: none"> • Hamstring before BPTB due to fluid extravasation • After BPTB and quad tendon harvest, close capsule tightly to allow for adequate visualization • ACL reconstruction <ul style="list-style-type: none"> • Femoral and tibial tunnel placement • Graft passage and fixation • Formal proficiency-based feedback regarding afternoon tasks should be provided to each student immediately after ACL reconstruction. If the student demonstrates weaknesses in motor skills or arthroscopic manipulation, they may be asked to return to previous interventional procedures or practice on a simulator. <p>3:30 p.m.: Lab Procedures</p> <ul style="list-style-type: none"> • Complete ACL reconstruction • Fast paced, proficient students may return to simulators for practice or, under the guidance of their associate faculty, proceed to arthroscopic PCL reconstruction. If time allows, consider LCL, PLC or MPFL reconstruction. • Open knee dissections <ul style="list-style-type: none"> • Anterior approach/anatomy to evaluate ACL reconstructions • Medial approach/anatomy and to evaluate medial meniscal repairs • Lateral approach/anatomy and to evaluate lateral meniscal repairs • Posterior approach/anatomy <p>3:15p.m.: Lecture and Live Dissection: Posterolateral Corner/Fibular Collateral Reconstruction/LET</p> <p>Faculty: Coming soon!</p> <p>4:40 p.m.: Lab Procedures</p> <ul style="list-style-type: none"> • Complete open knee dissections 	Cadaver Lab
5:30–6:30 p.m.	Faculty Discussion – Cases Beer and Pizza Served All Faculty	
6:30 p.m.	Session Adjourns	

Saturday		
Time	SHOULDER DAY	Location
	Please have breakfast at the Hampton Inn prior to arriving at the OLC in your grouped times. Coffee available at the OLC 6:30–7:30 a.m.	
7:30–11:30 a.m.	<p>Cadaver Lab Session 3: Shoulder Glenohumeral Arthroscopy</p> <p>7:30 a.m.: Recording: Diagnostic Shoulder Arthroscopy</p> <p>Faculty:</p> <p>7:40 a.m.: Lab Procedures</p> <ul style="list-style-type: none"> • Draw anatomic landmarks and choose portal sites but wait for faculty to confirm portal sites • Diagnostic shoulder arthroscopy • View from posterior and anterior portals • Loose body removal • Proficiency-based HARD STOP (ASSET) must occur prior to meniscus repair. If the student does not achieve a baseline level of proficiency as assessed by their faculty, they will be asked to repeat the previous steps and retest. It is possible that station partners will change if both partners are not at similar levels. <p>9:30 a.m.: Live Demonstration: Shoulder Instability/Bankart Repair</p> <p>Faculty: Mary Mulcahey, M.D.</p> <p>9:40 a.m.: Lab Procedures</p> <ul style="list-style-type: none"> • SLAP repair • Bankart repair (anterior and posterior labral) <p>Participants 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>	Cadaver Lab
11:30 a.m.–12:30 p.m.	<p>Lunch and Lecture: Principles of Rotator Cuff</p> <p>Faculty: Coming Soon!</p>	Auds
12:30–2 p.m.	<p>Motor Skills Session: Rotator Cuff Repair</p> <p>12:30 p.m.: Video Demonstration: Rotator Cuff Repair on FAST Models</p> <p>12:40 p.m.: Lab Procedures</p> <ul style="list-style-type: none"> • Anchor placement • Suture passage devices • Suture management 	Auds/Conf Room
2–2:15 p.m.	Return to Lab	

<p>2:15–5:30 p.m.</p>	<p>Cadaver Lab Session 4: Shoulder Subacromial Arthroscopy</p> <p>2:15 p.m.: Lab Procedures</p> <ul style="list-style-type: none"> • Subacromial arthroscopic bursectomy • Subacromial decompression • Distal clavicle excision <p>2:30 p.m.: Lecture Recording: Subacromial Space Faculty: William J. Ciccone, M.D.</p> <p>3:10 p.m.: Lab Procedures</p> <ul style="list-style-type: none"> • Complete subacromial work • May attempt rotator cuff repair, but often difficult due to poor quality tissue, fluid extravasation and abnormal orientation • If the tissue quality is poor or the student has not attained the proficiency level commensurate with arthroscopic repair, the student may progress to mini-open or repeat the procedure on the FAST workstation • Accelerated students may return to the glenohumeral joint to perform capsular release, microfracture, biceps tenotomy and arthroscopic/open biceps tenodesis <p>4 p.m.: Live Demonstration: Open Shoulder Dissection Faculty: David Richards, M.D.</p> <p>4:30 p.m.: Lab Procedures</p> <ul style="list-style-type: none"> • Complete any arthroscopic work • Open shoulder dissections 	<p>Cadaver Lab</p>
<p>5:30 p.m.</p>	<p>Course Adjourns</p>	

Learning Objectives

After completing this course, participants 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.