Foot & Ankle Deformity Correction and Orthoplastics Fellowship

International Center for Limb Lengthening
During this one-year position, the fellow will develop an in-depth understanding of the pathophysiologic, clinical, radiographic, and musculoskeletal evaluation of foot and ankle deformities. This fellow will learn the principles and techniques required for the management of musculoskeletal foot and ankle deformities, including nonoperative treatment, preoperative planning and assessment, surgical decision making, and postoperative management and rehabilitation. Additionally, the fellow will be exposed to advanced techniques involving harvest of local muscle and free flaps, as well as minimally invasive surgical methods.

Inpatient and outpatient responsibilities will be assigned. The fellow will master the surgical skills necessary to perform accurate foot and ankle deformity correction procedures. The procedures that the fellow will participate in include, but are not limited to, the following:

- Application of Ilizarov and hexapod external fixation
- Osteotomies
- Nerve decompressions
- Malunion and nonunion repair
- Fusion
- Reduction of fractures
- Trans-positional muscle and free flaps
- Débridement
- Revision surgery
- Ankle replacement
- Bone lengthening
- Limb preservation techniques

The fellow will be supervised directly by Dr. Siddiqui while performing all foot and ankle surgical procedures. The surgical cases will be reviewed every two months, and goals will be set to improve the fellow’s techniques.

The academic component of the fellowship emphasizes a scholarly approach to clinical problem solving, analysis of foot and ankle deformity correction, and research. The fellow will attend the Baltimore Limb Deformity Course and will participate in research meetings, surgical teaching conferences, and journal club meetings. The fellow will also complete a research project and will submit this research to the American College of Foot and Ankle Surgeons (ACFAS) to be considered for presentation at the annual ACFAS meeting.

Faculty:

- Christopher Bibbo, DO, FACS
- John E. Herzenberg, MD, FRCSC
- Michael J. Assayag, MD, FRCSC

For more information, contact the Fellowship Director:

Noman A. Siddiqui, DPM, MHA
Director, Podiatric Surgery Service, International Center for Limb Lengthening
2401 West Belvedere Avenue
Baltimore, Maryland 21215 USA

E-mail: nsiddiqui@lifebridgehealth.org
Web Site: www.RubinInstitute.com/fellowships
Foot & Ankle Deformity Correction and Orthoplastics Fellowship Application

International Center for Limb Lengthening
Rubin Institute for Advanced Orthopedics
2401 West Belvedere Avenue, Baltimore, Maryland 21215 USA
Tel: 1.410.601.9798  Fax: 1.410.601.0585

Name: _____________________________________________________________________________________________________________

Present Home Address: _______________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Telephone (include country code): _______________________________________________________________________________________

E-mail: ___________________________________________________________   Fax (if available): ___________________________________

Medical School: _____________________________________________________________________________________________________

Residencies/Fellowships: ______________________________________________________________________________________________

______________________________________________________________________________________________

Current Position: _____________________________________________________________________________________________________

Citizenship:  ☐ U.S.  ☐ Other (specify): ______________________________   VISA/Status: ___________________________________

Fellowship Start Date
This paid clinical fellowship typically lasts 12 months and starts on August 1; however, fellows must be available in July for two days of mandatory orientation. Options exist to complete the orientation/training earlier if necessary.

Preferred Dates of Fellowship: __________________________________________

Please include the following with your completed application:¹

• Statement of Personal and Professional Goals
• Medical School Transcript (certified copy)
• Medical School Diploma
• Passport-Size Photo (1)
• Recommendation Letters (3) – must be on official stationary (no faxes will be accepted) and mailed to the address at the end of this application
• Curriculum Vitæ (include current work status)
• Podiatric Residency Certificate(s)

¹Documents in languages other than English must include certified translations
Personal Information

1. Are you able to perform the essential functions of the position without reasonable accommodations (Americans with Disabilities Act)?
   - [ ] Yes
   - [ ] No (please specify special accommodations that you require in the “Comments” section)

2. Have you ever been convicted of any criminal charges (other than minor traffic violations)?
   - [ ] Yes (please explain in the “Comments” section)
   - [ ] No

3. Are you currently using illegal drugs?
   - [ ] Yes (please explain in the “Comments” section)
   - [ ] No

4. Do you have any impairment due to current chemical dependency/substance abuse that would prevent you from carrying out the essential functions of this fellowship position?
   - [ ] Yes (please explain in the “Comments” section)
   - [ ] No

5. How did you hear about this fellowship opportunity? (please check all that apply)
   - [ ] AAOS Annual Meeting
   - [ ] ACFAS Annual Meeting
   - [ ] ACFAS Fellowships Listing
   - [ ] ASAMI Meeting
   - [ ] Baltimore Limb Deformity Course
   - [ ] IPOS Meeting
   - [ ] LLRS: ASAMI Annual Meeting
   - [ ] POSNA Annual Meeting
   - [ ] Colleague
   - [ ] Other: __________________________

Applicant’s Certification

I certify that all the information I have provided is complete and accurate. I understand that any appointment will be contingent on my providing the necessary employment eligibility documentation prior to the appointment.

____________________________________________________________________              ________________________________________
Comments (use additional pages if necessary):  _____________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________

Send completed application and supporting documents to:

Madeline Bacon, Manager of the Academic and Research Program
Rubin Institute for Advanced Orthopedics
Sinai Hospital of Baltimore
2401 West Belvedere Avenue
Baltimore, Maryland 21215 USA

For Office Use Only:

Complete Application Received: _______________________________  PAS #: _______________________________

Dates of Fellowship: __________________________ to __________________________

Status:  [ ] Accept  [ ] Pending  [ ] Reject

Comments: ___________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________