TITLE OF FELLOWSHIP	Unisports Orthopaedic Sports Medicine Fellowship	
Chief Supervisor	Stewart Walsh	
Contact Details	Name	Stewart Walsh
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Co-supervisor (if applicable)	Mr Bruce Twaddle	
Back up Supervisor	Mr Michael Rosenfeldt	
Length of Fellowship	2 fellows each 6 month period	
Initial start date	January 1998	
Institution(s)	Unisports Ortho Limited	
Sub Specialty (ies)	Knee, Shoulder, Ankle, Hip	
Education Goals and Characteristics	Please see detailed description below	
Requirements for Fellowship Applicants	FRACS qualification or similar	
How is the Fellowship being funded?	Funded through Unisports Orthopaedics and Industry	
How to apply (where do applicants send enquiries)	By email to sw@unisportsortho.co.nz	

Description of Fellowship	**Overall Plan** To further develop clinical and technical expertise in arthroscopic repair surgery and hip and knee arthroplasty. **Duration** The aim is to employ 2 fellows in every six month period. Longer periods can be considered. **Location** Clinical assessment at Unisports Orthopaedics, 261 Morrin, Road, St Johns, Auckland Surgical training at Auckland Surgical Centre, Southern Cross Brightside and Allevia Ascot Hospitals **Objectives** **Clinical Competency** • Exposure to diverse pathology: Acute sports injuries (e.g., ligament tears, fractures, dislocations) and joint replacements represent opposite ends of the orthopaedic spectrum—trauma vs. degenerative conditions. • Skill development across subspecialties: Fellows gain hands-on experience in both high-urgency, fast-paced decision-making (sports injuries) and meticulous, planned procedures (arthroplasty). **Diagnostic and Decision Making Skills** • Acute vs. chronic care strategies: Fellows learn to differentiate between urgent interventions (e.g., ACL rupture) and long-term management (e.g., osteoarthritis). • Imaging and assessment proficiency: They refine their ability to interpret MRIs, X-rays, and clinical signs across a wide range of conditions. **Surgical Technique and Versatility** • Mastery of minimally invasive and open techniques: Sports injuries often require arthroscopy, while joint replacements involve open procedures—training in both enhances surgical dexterity. • Implant selection and biomechanics: Joint replacement experience deepens understanding of implant design, alignment, and long-term outcomes. **Patient Interaction and Continuity of Care** • Varied patient demographics: Sports injuries often affect younger, active individuals, while joint replacements are common in older adults—this builds communication skills across age groups.

	• Rehabilitation planning: Fellows learn to coordinate post-op recovery, physical therapy, and return-to-play or mobility goals. **Career Preparation and Specialisation** • Informed career choices: Exposure to both areas helps fellows decide whether to pursue sports medicine, adult reconstruction, or a hybrid practice.