

RUBIN INSTITUTE FOR ADVANCED ORTHOPEDICS



Foot & Ankle Deformity Correction and Orthoplastics Fellowship

❖ International Center for Limb Lengthening ❖



**LIFEBRIDGE
HEALTH**

Rubin Institute for
Advanced Orthopedics

CARE BRAVELY

SINAI HOSPITAL
Rubin Institute for
Advanced Orthopedics
International Center
for Limb Lengthening
Center for Joint Preservation

Foot & Ankle Deformity Correction and Orthoplastics Fellowship



Fellowship Director

Noman A. Siddiqui, DPM, MHA, FACFAS

Director, Podiatric Surgery Service,
International Center for Limb Lengthening
Chief of Podiatry, Northwest Hospital

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
- Trans-positional muscle and free flaps
- Osteotomies
- Débridement
- Nerve decompressions
- Revision surgery
- Malunion and nonunion repair
- Ankle replacement
- Fusion
- Bone lengthening
- Reduction of fractures
- 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, FAAOS
- John E. Herzenberg, MD, FRCSC, FAAOS
- Michael J. Assayag, MD, FRCSC



Christopher Bibbo, DO, FACS, FAAOS

Head of Foot and Ankle Surgery,
International Center for Limb Lengthening
Assistant Director, Foot and Ankle Deformity
Correction and Orthoplastics Fellowship
Plastic Reconstructive & Microsurgery
Orthopedic Trauma



For more information, contact the Fellowship Director:

Noman A. Siddiqui, DPM, MHA, FACFAS

International Center for Limb Lengthening
Rubin Institute for Advanced Orthopedics
Sinai Hospital of Baltimore
2401 West Belvedere Avenue
Baltimore, Maryland 21215 USA

E-mail: nsiddiqui@lifebridgehealth.org

Web Site: www.limblength.org/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
E-mail: aadolph@lifebridgehealth.org Tel: 1.410.601.9276 Fax: 1.410.601.9576

Name: _____
Last/Surname *First* *Middle*

Present Home Address: _____
Street Address

City *State* *Zip Code* *Country*

Telephone (include country code): _____
Home/Mobile *Work*

E-mail: _____ Fax (if available): _____

Medical School: _____
Institution *Location* *Degree and Date Conferred*

Residencies/Fellowships: _____
Institution *Location* *Dates*
(use additional pages if necessary)

Institution *Location* *Dates*

Current Position: _____
Institution *Location* *Dates*

Citizenship: U.S. Other (specify): _____ VISA/Status: _____

Fellowship Start Date

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

Preferred Dates of Fellowship: _____

Additional Application Requirements

Applicants will be required to interview in person with Dr. Siddiqui. 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



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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 IPOS Meeting
 ACFAS Annual Meeting LLRS: ASAMI Annual Meeting
 ACFAS Fellowships Listing POSNA Annual Meeting
 ASAMI Meeting Colleague
 Baltimore Limb Deformity Course 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.

Applicant's Signature

Date

Comments (use additional pages if necessary): _____

Send completed application and supporting documents to:

Ashley Adolph, Residency/Fellowship Coordinator
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: _____
