

## Fellowship FAQs

**Subspecialty field:** Movement Disorders

**What accreditation is available for fellowships (ACGME, UCNS, other) in this subspecialty field?** This specialty is not accredited at this time.

**Is board certification available in this subspecialty? If so, through which agency (ABPN, UCNS, other)?** There is no board in this specialty.

**Does completion of this fellowship typically expand the scope of the subspecialist's hospital credentials (added credentials for performing procedures, interpreting studies, etc)?**

Depending on the hospital, training in Movement Disorders may be necessary to perform Botulinum toxin injections or do Deep Brain Stimulator adjustment.

Yes. DBS programming and Botulinum toxin therapy but one does not need to be fellowship trained to perform botulinum techniques.

**Is completion of a fellowship typically necessary in order to achieve a subspecialty-focused practice in an academic practice or a large neurology group practice?** Yes, typically, training in Movement Disorders is required to have a subspecialty –focused practice in this field.

Probably not.

In most cases yes, but some have made movement disorders a focus in practice without fellowship training.

**What type of cases do you see?** Mostly tremor and Parkinsonism. I also see Huntington's disease, Dystonia, Myoclonus, Ataxias and gait disorders.

Patients with Parkinson disease, tremor, dystonia, myoclonus, tics and psychogenic disease.

50% parkinsonism, 25% dystonia and botulinum toxin and 25% mixed movement disorders including essential tremor, tardive dyskinesia, tic disorders etc.

**What is the typical minimum duration of a fellowship in this field? Can it be completed on a part-time basis?** The minimum duration is 1 year full time. If part-time, the training would be longer.

**How are fellowship positions obtained- match or hospital based? How far in advance should inquiries be sent to the program to ensure a candidate's consideration? Are there prerequisites beyond completion of a Neurology residency?** There is no match in Movement Disorders; you have to apply to every program separately. Application should be 1 year before starting the fellowship. We require completion of a Neurology Residency in a US or Canadian program, and eligibility to get a state medical license.

UP to the individual program; some programs are organized for a match day.

There is currently an informal match involving ~15 training programs but otherwise there is no match. The interested party should just contact the program director who will arrange the interview process.

**How far in advance should inquiries be sent to the program to ensure a candidate's consideration?** About 1 year.

The informal match programs decide on October 1 the yr. prior to the beginning of the fellowship. Other programs accept any time during the year. Best to contact programs in winter or early spring.

**Are there prerequisites beyond completion of a Neurology residency?** No

**What are the principal clinical exposures and clinical responsibilities that would be common to fellowships in this discipline?** There should be exposure to a large variety of disorders to get clinical experience, including in the inpatient setting; Botox injections, DBS treatment (selection of patients, programming); other exposures can include autonomic testing, neurorehabilitation, botulinum toxin administration, and adjustment of deep brain stimulators, Outpatient movement disorders of all kinds, and also DBS and botulinum therapies.

**Does faculty from outside Neurology typically participate in training? From which other specialties?** Other faculties often involved: neurosurgery, psychiatry, rehabilitation, physiatrists

**Please provide a brief overview of the rotations a typical fellowship involves. Are there rotations required by accrediting bodies?** There are no required rotations. We separate our fellowship in 6 months block. During one block the fellow may spend more time on learning Botox injections and neurorehabilitation, and during the second block, spend more time with DBS and autonomic dysfunction, while having a continuity clinic and a research project throughout the year.

Nothing is required and each fellowship is different.

At our program the first year is clinic heavy. Fellows rotate through varied clinics including Parkinson's, Huntington's, dystonia and botulinum toxin and DBS (including OR time). Second year arrangements depend on the focus of the individual relating to career goals.

**In your opinion, what are important qualities to look for in selecting a fellowship program in this field?** If you want to do a clinical Movement Disorders fellowship, there should be an active clinic with a wide variety of patients. There should be enough faculty to have all the different areas covered: Botox, surgery, Huntington, autonomic. There should be protected time to do clinical research. The program should have the resources to teach you the conduct of clinical trials.

There should be a match between the activities of the program and the fellow's future goals. How much clinical and how much research a person wants to do.

There is a wide breadth of patients and more than two faculty to gain view of the variations in practice, a research piece.

**What are the most important words of advice you have for a neurology resident considering a fellowship in the subspecialty field?** Decide if you want mostly to do basic research or clinical work. Some fellowships offer good basic research possibilities, others are more clinical. If you want to do both, you will definitely have to do 2 years. Go where the training is best suited to your career aspirations and provides a wide experience opportunity.

**Is there a professional society specific to this subspecialty? Website:** The Movement Disorders Society [www.movementdisorders.org](http://www.movementdisorders.org)

**Recommended web based resources for further information and searching for fellowship positions:** AAN-ANA fellowship listings, AAN Movement disorder section.