



AAHKS

AMERICAN ASSOCIATION OF
HIP AND KNEE SURGEONS

UPDATE

WINTER 2021

A MEMBER PUBLICATION



2020 YEAR IN REVIEW

WHAT'S INSIDE: 2021 HEALTH POLICY FORECAST ■ FARE EXPANDS
2020 ANNUAL MEETING AWARDS ■ SPRING MEETING GOES VIRTUAL

ALL-VIRTUAL

2021 AAHKS SPRING MEETING

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APRIL 27

7:00 – 9:30 pm CDT

MAY 4

7:00 – 9:30 pm CDT

MAY 11

7:00 – 9:30 pm CDT



APRIL 27 | MAY 4 | MAY 11, 2021

AAHKS
SPRING MEETING

CONNECTING THROUGH CASES

- Case-based learning
- Peer-to-peer education
- Small-group setting
- Expert faculty

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Michael J. Zarski, JD, AAHKS Executive Director

2020 YEAR IN REVIEW

COVID-19 Impacts Practices, Operations

Members of AAHKS experienced significant personal and professional disruption, including the suspension of elective surgery early in the year. These impacts of the COVID-19 pandemic have been documented in a series of member surveys to help members understand what their peers are experiencing and to help AAHKS advocate on members' behalf.

Results of the first six surveys have been published in *Arthroplasty Today*. As an organization, AAHKS faced the challenges of extended office closure, travel restrictions, and the rapid deployment of new pandemic-related programs. Despite these challenges to members, leaders, and staff, AAHKS lost no ground in advancing its mission of education, advocacy, and research.

Spring Meeting Affected by Pandemic

Due to restrictions imposed early in the pandemic, the 2020 AAHKS Spring Meeting was cancelled. The 2021 AAHKS Spring Meeting is proceeding as a virtual event, taking place on three separate nights between April 27 and May 11. As usual, the Spring Meeting will feature symposia and small-group discussion. Look out for timely symposia topics "COVID made me an outpatient surgeon: this and other pandemic practice lessons," "Periprosthetic fractures: state of the art techniques," and "Uh oh: avoiding complications and early revisions in arthroplasty." More information will be forthcoming in AAHKS News and member communications. Registration is available through the AAHKS website.

Advocacy on Payment Issues Intensified

AAHKS leaders, including Health Policy Council Chair James I. "Hutch" Huddleston III, MD, continued their work to mitigate negative impacts on Medicare payment for arthroplasty as the system evolves to a value-based care model. Despite travel restrictions and limited face-to-face meeting opportunities, government officials at the highest levels were engaged and persuaded by the data-backed perspective of AAHKS.

Not all challenges have been overcome, as changing sites of service, shorter lengths of stay and legacy payment regulations impact reimbursement. A clear strategy for recognizing the full value of the services provided by AAHKS members continues to be advanced.

Annual Meeting Goes Hybrid

Following months of contingency planning by AAHKS leadership, the 30th AAHKS Annual Meeting took place as one of the first hybrid medical conferences conducted during the pandemic. Program Chair R. Michael Meneghini, MD delivered an educational experience for both in-person attendees in Dallas as well as live virtual attendees.

FARE Doubles Research Grants

The Foundation for Arthroplasty Research and Education (FARE) followed through on plans announced in 2019 to double the number of clinical research grants issued in 2020. Assisted by the AAHKS Research Committee, FARE evaluated a record number of grant applications and awarded a total of four grants of approximately \$50,000 each. Investigators interested in obtaining funding through FARE can apply online twice a year for the Spring and Fall grant cycles.

Publications See Record Submissions

Fueled in part by authors sidelined from elective surgery during the pandemic, both the *Journal of Arthroplasty (JOA)* and *Arthroplasty Today (AT)* experienced record numbers of submissions. AAHKS publications maintained the efficiency of their peer review and publication processes, among the best in medical publishing. The diligent efforts of the editorial boards were led by Editors-in-Chief John J. Callaghan, MD (JOA) and Gregory J. Golladay, MD (AT). Members are encouraged to contribute to the dissemination of scientific knowledge in the field of arthroplasty by submitting papers and volunteering as peer reviewers.

continued...

WIA Video Goes Viral

The Women in Arthroplasty Committee (WIA) produced an impactful video that featured male AAHKS leaders articulating and reacting to disparaging remarks originally directed at female surgeons. The video, released on International Women's Day, went viral and increased awareness of this form of workplace discrimination experienced by women in arthroplasty. The video also features WIA Chair Audrey K. Tsao, MD, and other WIA leaders. It may be viewed on the AAHKS YouTube channel.

Diversity Addressed with New Advisory Board

AAHKS formalized and strengthened its commitment to diversity by establishing the AAHKS Diversity Advisory Board (DAB), co-chaired by Muyibat A. Adelani, MD, FAAOS and Adam A. Sassoon, MD, MS. DAB is a resource for increasing diversity and inclusion among the membership and leadership of AAHKS. It also works to oversee programs that provide mentorship, professional development, and engagement for the diverse membership of AAHKS.

Fellowship Learning Initiative Started

"Fellows Orthopaedic Continued AAHKS Learning," or "FOCAL," arose as a response to the suspension of elective surgeries at many institutions due to the COVID-19 pandemic, which AAHKS leadership recognized could significantly impair fellowship learning opportunities in

2020. To help augment fellows' learning experience, AAHKS created a free, online, interactive learning program for adult reconstruction surgeons in training, then created the FOCAL Committee following the success of this initiative. Led by William G. Hamilton, MD, the FOCAL Committee is dedicated to enhancing adult reconstruction fellow education and will work to supplement the overall knowledge of arthroplasty trainees. View the recordings on the AAHKS website.

New Leaders Take Office

Despite the inability of the AAHKS Board of Directors to meet in person, the customary leadership transition occurred in March as Michael P. Bolognesi, MD handed off presidential duties to C. Lowry Barnes, MD. Joining the Board as Members-at-Large were Denis Nam, MD, MSc and Ran Schwarzkopf, MD, MSc. Javad "Jay" Parvizi, MD, FRCS was elected and took office as Third Vice President.

LEARN Platform Launched

Under the leadership of Education and Communications Council Chair Gregory G. Polkowski II, MD, MSc, AAHKS launched a new learning management system to facilitate access to online educational activities including AAHKS CME webinars, the 30th AAHKS Annual Meeting livestream and past Annual Meeting recordings. AAHKS LEARN makes it easier to register, view content and claim CME credit. Members can log in to LEARN through the AAHKS website.



A NEW MEMBERSHIP YEAR

2021 is off to a strong start for AAHKS membership. With an increase of 322 new members in the last year, the association continues its upward trajectory in membership growth.

Membership Category	2020 Totals
Fellow	2,473
Arthroplasty Surgeon in Training	506
Candidate	410
International	318
Emeritus	386
Clinical Affiliate	198
Associate	45
Non-Clinical Affiliate	33
International Resident	8
Honorary	2
Total: (as of 12-31-2020)	4,379

Don't Let Your Membership Expire

It only takes a few minutes to renew your AAHKS membership online. Simply log in at www.AAHKS.org to pay with a credit card. Enjoy the convenience of renewing your AAHKS membership annually and sign up for auto-pay. Don't let any of your membership benefits expire such as access to the *Journal of Arthroplasty* and reduced rates at upcoming educational events.

Questions? Please contact:

Eileen Lusk, Senior Director of Membership at Eileen@AAHKS.org or call 847-698-1200.

WINTER 2021

INSIDE:

- 2**
2020 in Review
- 4**
New Membership Year
- 5**
AAHKS Humanitarian Award
- 6**
Presidential Award for Innovation & Leadership
- 7-9**
Health Policy Forecast
- 10**
2020 AAHKS Awards
- 11**
AAHKS Amplified Podcasts
- 12**
Scientific Posters
- 13**
2021 AAHKS Spring Meeting
- 14**
FARE Advances Research
- Back Cover**
Guide to Joint Replacement



Presenting the **2020 AAHKS HUMANITARIAN AWARD**

to **Michael J. Christie, MD, MPH**

During the 30th AAHKS Annual Meeting, the 2020 AAHKS Humanitarian Award was presented to Michael J. Christie, MD, MPH, in recognition of humanitarian work spanning his career. A member of AAHKS for more than 25 years, Dr. Christie is a practicing orthopaedic surgeon at the Southern Joint Replacement Institute (SJRI) in Nashville.

Dr. Christie currently serves as the President of the WalkStrong Foundation, a group he founded in 2008 after being inspired by Operation Walk. The non-profit organization provides free knee replacement surgery to disadvantaged patients in underserved countries, with follow-up care provided by well-trained, local surgeons. Each mission makes a 10-year commitment that includes sustained education, training, equipment, and infrastructure donations.

Walk Strong is growing. In addition to the first site at the Hospital de Alta Especialidad in Veracruz, Mexico, Dr. Christie recently established a second site at University Hospital of the West Indies in Kingston, Jamaica. The new Walk Strong USA provides one knee replacement each month to patients in the United States.

“While I am proud of the number of patients that we have treated and the trailers full of medical equipment we have sent to the hospital, I believe our greatest accomplishment was the training of Dr. Octavio Amador and his return to the faculty of the Hospital de Alta Especialidad, where we met him as an orthopaedic resident. He has established a total joint replacement program modeled after his experience as an SJRI Fellow in Nashville. His patients follow a protocol which includes a pre-operative class for patient and family, pre-operative exercises, medical evaluation and post-operative exercises and long-term follow up. Now through support from the local government in the form of total knee implants and the continued support of WalkStrong Foundation with equipment and implants, he is performing over 100 knee replacements a year. His efforts have demonstrated that by training surgeons and then supporting them with equipment and other implants, we can drastically improve access to joint replacement surgery in an underserved community. It is a model that I hope we can expand to other communities,” said Dr. Christie.

The AAHKS Humanitarian Award recognizes AAHKS members who have distinguished themselves by providing humanitarian medical services and programs with a significant focus on musculoskeletal diseases and trauma including the hip and knee in the United States or abroad.

Nominations for the 2021 AAHKS Humanitarian Award are now being accepted through May 31, 2021 at www.AAHKS.org/Humanitarian.

Audrey K. Tsao, MD, receives the AAHKS PRESIDENTIAL AWARD FOR INNOVATION & LEADERSHIP



The AAHKS Presidential Award recognizes leaders who are mentors, innovators, educators and collaborators. Audrey K. Tsao, MD lives by the “4 G” personal principles: “Be giving of yourself, generous with your praise, gracious in your thanks, and gentle in your feedback.” Currently in practice with the Mid-Atlantic Group of Permanente Medicine in the Washington, D.C. area, Dr. Tsao is a founding member of Women Orthopaedist Global Outreach (WOGO), which works to enhance mentorship and provide role models for young women all over the world. Her AAHKS leadership includes terms as Chair of the Women in Arthroplasty Committee and Member-at-Large of the Board of Trustees.

In presenting the Presidential Award to Dr. Tsao, AAHKS President C. Lowry Barnes, MD made note of Dr. Tsao’s mentoring of women and minority surgeons, her innovative efforts to structure the Women in Arthroplasty Committee to be inclusive of more informal volunteers, her work on programs targeting subjects such as work-life balance and ergonomics, and her outreach like-minded organizations.

Mary I. O’Connor, MD, AAHKS Past President:

“Dr. Tsao is the kind of leader we all aspire to be—a servant leader committed to her patients and her profession. Audrey has worked tirelessly to elevate the mission of AAHKS. She has improved the health of women globally through Operation Walk and WOGO. At home, Dr. Tsao has mentored countless young students, particularly women and underrepresented students, to improve diversity in our profession.”

Antonia F. Chen, MD, MBA, AAHKS Member-at-Large:

“Audrey has a great leadership style that encourages collaboration among members and greater participation. She constantly promotes and sponsors others, encouraging others to be leaders. I’m lucky to know her and work with her!”



2021 HEALTH POLICY FORECAST

Prepared for AAHKS
by National Health Advisors

New Democratic Majority

The 117th Congress finds Democratic control of both the House of Representatives and the Senate, presenting opportunities to achieve legislative priorities shared with President Joseph “Joe” R. Biden. Some Democratic stakeholders wish to use this rare, unified majority to enact long-standing, progressive goals: Green New Deal; adding seats to the Supreme Court; creating new states; single-payer health care. In fact, Democratic ambitions must be balanced with a very narrow hold on Congress so as not to lose their majority in the 2022 mid-term elections. In the House of Representatives, Democrats lost 10 seats in the 2020 election and now maintain a slim 6-seat majority. The Senate’s 100 seats are equally divided between the two parties with Vice President Harris breaking any tie votes. Under a Senate power-sharing resolution, each party holds an equal number of seats on committees, but Democrats fill the Chairmanships and Majority Leader position.

Nominations & Impeachment

Under normal circumstances, the highest priority for Congress and a new administration is nominating and confirming personnel. The Biden administration agenda will not be implemented until the federal agencies are mostly filled with more than 4,000 political appointee positions, 1,200 of whom require Senate confirmation. It can take up to a year for a new administration to interview, evaluate, and hire or confirm all personnel. The Senate usually devotes one to two months to confirmation hearings and confirmation votes for a new president’s Cabinet.

President Biden has nominated California Attorney General (and former Congressman) Xavier Becerra to be Secretary of Health and Human Services (HHS) and Wisconsin Health Secretary (and veteran of the Obama HHS) Andrea Palm to be Deputy Secretary. We await a nomination for CMS Administrator, but it is likely to be someone with CMS experience from the Obama administration.

Nominations and other legislative work were somewhat delayed as the Senate proceeded with an impeachment trial of former President Trump. The impeachment power gives Congress the discretion to bar an official from ever holding federal office in the future but there is no clear precedent on whether this penalty may be applied to a former official who is no longer in office.

Ongoing Response to the COVID-19 Pandemic

The foremost health policy priority for Congress and the Biden Administration is ongoing COVID relief, specifically a comprehensive federally managed vaccination and testing system. President Biden has released the outline of a \$1.9 trillion “American Rescue Plan” bill, which would provide extensive economic relief to individuals, institutions, and communities if passed by Congress. Additionally, the bill would allocate an additional \$70 billion to HHS for testing and vaccination development and distribution (\$50 billion for those purposes was provided by Congress in December 2020).

This next COVID relief legislative package will be the first test of the degree to which bipartisan cooperation may be possible between Congressional Republicans and the Biden administration. The bill may also serve as a vehicle for other, unfinished Congressional priorities from 2020, such as mitigating cuts to Medicare reimbursement for physicians.

HHS has already distributed approximately \$150 billion to health care providers in 2020 through the Provider Relief Fund to cover COVID-related expenses and losses. \$30 billion more in allocations to providers are expected in the first half of 2021. The Biden administration must finalize standards for how providers will report on the use of those funds as well as to what degree their use will be audited and investigated in the future.



Medicare Fee-for-Service (FFS)

There are a number of lower-profile, yet important, decisions facing the Biden administration regarding the FFS program. The first is dealing with controversial policy changes implemented in the last year of the Trump administration. The 2022 Medicare payment regulatory cycle (beginning in May 2021) is the first realistic opportunity for the Biden administration to signal whether it will preserve, revise, or revoke late-Trump Medicare policies: requiring hospitals and Medicare Advantage plans to disclose privately negotiated reimbursement rates and charges; eliminating the inpatient only (IPO) procedure list; granting automatic Medicare coverage for items deemed “breakthrough devices” by FDA; granting automatic Medicare coverage for devices and services if covered by commercial health plans; and reforming the drug and device reimbursement classification system.

Following the eventual end of the COVID-19 public health emergency, CMS will transition physicians to the new Medicare Quality Payment Program framework, MIPS Value Pathways (MVPs) which is intended to evaluate physicians on fewer measures that are more relevant to their clinical practice.

Expanding Health Care Coverage

Narrow majorities for Democrats in the House and Senate make it unlikely that Congress can pass sweeping or significant changes in federal health coverage policy (i.e., “Medicare for All”, public option plan, lowering the Medicare age). Expect Democrats to use their Committee Chairmanships to hold hearing on these proposals, and perhaps even pass them in the House. However, in terms of what can be passed by the Senate and signed by the President in the near term, look for incremental expansions for coverage through the existing ACA Exchanges.

As a part of the COVID-focused “America Rescue Plan,” President Biden has already asked Congress to (1) subsidize continuation of “COBRA” coverage through September 2021, (2) expand and increase the value of ACA premium tax credits, and (3) ensure that ACA Exchange plan enrollees pay no more than 8.5% of their income for health coverage. His administration may also consider new and extended Exchange enrollment periods and expanding spending on Exchange navigators and marketing.

Prescription Drug Prices

There is wide bipartisan agreement on the need to address the high prices of many prescription drugs. Nevertheless, Congressional Democrats, Republicans, and the Biden administration share few policy proposals to address this issue. Therefore, Congressional attention will focus on COVID and health coverage expansion before moving to prescription drugs. The Obama and Trump administrations both found that they possess few regulatory means to effectively control prescription drug prices without new Congressional authority. Eyes will be on the Biden administration and how they handle late Trump-era policies such as banning rebates between pharmaceutical manufacturers and Medicare plans, allowing importation of cheaper drugs from other nations, and tying Medicare drug reimbursements to international prices. Each of these Trump policies is currently under challenge in federal courts.

CMS Innovation Center

The Biden campaign did not discuss the Center for Medicare & Medicaid Innovation (aka CMMI or the Innovation Center) or any plans or objectives for it. Nevertheless, as the Biden administration CMS is expected to be staffed by Obama-era CMS alumni, CMMI is likely to continue promoting voluntary and mandatory models to drive more care into value-based payment arrangements. The eventual Biden appointed leadership of CMMI will take some time to evaluate the state



Policy Forecast continues...

of current models and plans before announcing any new policy directions. Prescription drug pricing may be a new focus of CMMI along with ongoing work on episode bundles, post-acute care, and primary care. We do know that at some point in 2021, CMMI must finalize the standards for and accept applications for year six of the CJR model.

New “Surprise Billing” Regulations

As one of its last acts in 2020, Congress finally passed major legislation to protect consumers from, and constrain the practice of, “surprise medical billing.” The new law requires extensive provider and plan transparency on out-of-network billing and reimbursement practices; protects patients from large, unanticipated bills for nonparticipating provider services; and establishes an independent dispute resolution (IDR) process to address differences over reimbursements between plans and providers. The Secretary of HHS has one year to develop regulations to make this law effective. Challenging questions that must be addressed through the regulatory drafting include: (1) who may serve as an independent IDR arbiter, (2) provider audit requirements, and (3) a patient-provider dispute resolution process for the uninsured.

Competitive Health Insurance Reform Act of 2020

The McCarran–Ferguson Act of 1945 generally delegated regulation of insurance to the states. Over the last 25 years, through such federal laws as the Health Insurance Portability and Accountability Act of 1996 and the ACA, Congress has gradually expanded federal regulation of health insurance. A remaining provision of the McCarran-Ferguson Act was the exemption of insurance businesses from federal antitrust law. H.R. 1418, the Competitive Health Insurance Reform Act of 2020 was drafted to ensure that federal antitrust law could be applied to health and dental insurance plans.

In a complete surprise to the health insurance industry and Congressional observers, the Senate took up H.R. 1418 in the last few days of the 2020 legislative session and

passed it by unanimous consent on December 22, 2020. Over the strong objections of health plans, Donald Trump signed the bill into law as one of his last acts as President on January 13, 2021. As this new law was a surprise, neither the Trump administration nor the Biden campaign had previously articulated a theory of how it would use federal antitrust authority against health plans. Providers can plan to monitor how the Biden Department of Justice and Federal Trade Commission use this new enforcement authority.

Supreme Court Decision on the ACA and the Individual Mandate

One week after the 2020 election, the Supreme Court heard oral arguments in *California v. Texas*, the third ACA case to reach the Court. Twenty Republican State Attorneys General filed suit in 2018 to overturn the entire ACA. Their argument is that the Supreme Court upheld the constitutionality of the ACA's individual coverage mandate in 2012 as a valid exercise of Congressional power, only so long as the corresponding tax penalty for noncompliance exists. Since Congress eliminated the individual mandate tax penalty from the ACA in 2017, Texas argues that the underlying mandate is now unconstitutional. They further argue that the entire ACA should be overturned along with the individual mandate due to “lack of severability” between the law's provisions. That is, they argue that Congress would not have passed the ACA at all without the individual mandate. Therefore, theoretically, the Supreme Court could overturn the entire ACA law, the many facets of which have become embedded across the health care system.

The Supreme Court will hand down its decision sometime between February and July 2021. Conservative-leaning justices gave several signals throughout 2020 that, while they might overturn the now toothless individual mandate, they are unlikely to overturn the entire law. The Court is widely expected to uphold the law by 7 to 8 votes.



30TH AAHKS ANNUAL MEETING AWARDS

James A. Rand Young Investigator’s Award:
Are Intraoperative Cultures Necessary if the Aspiration Culture is Positive? A PJI Concordance Study

Presented to
K. Keely Boyle, MD,
 Hospital for Special Surgery, New York City, NY

Co-Authors: Milan Kapadia, BS, Michael Henry, MD, Andy O. Miller, MD, and Alberto V. Carli, MD, FRCS

AAHKS Clinical Research Award:
Extended Oral Antibiotics Prevent PJI in High-Risk Cases: 3,855 Patients with 1-Year Follow-Up

Presented to
Michael M. Kheir, MD,
 Indiana University, Indianapolis, IN

Co-Authors: Julian E. Dilley, MD, Mary Ziemba-Davis, BA, and R. Michael Meneghini, MD



Lawrence D. Dorr Surgical Techniques & Technologies Award:
Is it Safe? Using Big Heads and Small Acetabular Components in Total Hip Arthroplasty

Presented to
Courtney Baker, MD,
 Mayo Clinic, Rochester, MN

Co-Authors: Brandon R. Bukowski, MD and Robert T. Trousdale, MD

AAHKS Best Podium Award:
In Vitro Analysis of Anti-Biofilm Effect of Intraoperative Irrigation Solutions

Presented to
Alberto V. Carli, MD, FRCS,
 Hospital for Special Surgery, New York City, NY

Co-Authors: Ajay Premkumar, MD, MPH, Sita N. Nishtala, PhD and Mathias P.G. Bostrom, MD

Congratulations to all the 2020 Winners!



Missed the 30th AAHKS Annual Meeting? Watch video replays and earn CME Now

Recordings from the 30th AAHKS Annual Meeting are available for members and non-members to purchase on the AAHKS LEARN educational platform at LEARN.AAHKS.net. The cutting-edge research, podium presentations and discussions were recorded and paired with CME assessments, allowing orthopaedic surgeons to earn up to 21.25 hours of CME on-demand.

Log onto the AAHKS LEARN Platform using your AAHKS website online credentials and select “2020 AAHKS Annual Meeting” course to access the content. The 30th AAHKS Annual Meeting was held in a hybrid format, with attendees both live, in Dallas, and virtually on Nov. 5-8, 2020.

Keep on LEARNing

AAHKS launched a new online learning platform in October to provide a streamlined, enhanced and customizable virtual learning experience for AAHKS members. AAHKS LEARN is a one-stop shop for the live and enduring educational materials that hip and knee surgeons need. Log in using your AAHKS website credentials and start exploring the free, paid and member-exclusive content. Take CME quizzes and receive your certificate in one location. Start and stop webinars at your convenience – the tool automatically saves your progress. The virtual portion of the hybrid 2021 AAHKS Annual Meeting will also be streamed through the portal. Visit LEARN.AAHKS.net and let us know what you think.

DON'T MISS AAHKS AMPLIFIED PODCASTS



AAHKS has continued to bring you AAHKS Amplified, the podcast channel created under the guidance of the Digital Health and Social Media Committee and expanded with The Augment, a journal club discussion from the Young Arthroplasty Group. Recent episodes include:

- The Young Arthroplasty Group (YAG) Augment: Season 1, Episode 3
- Reduction of Perioperative Calcar Fractures with a Collared Implant when using the DAA
- Techniques to Combat Zoom and Pandemic Fatigue
- The Young Arthroplasty Group (YAG) Augment: Season 1, Episode 2
- A Minimal Clinically Important Difference in Robotic-Assisted TKA vs. Standard Manual TKA
- Does Smoking Cessation Prior to Elective Total Joint Arthroplasty Result in Continued Abstinence?

Download episodes from your favorite podcast app or visit the AAHKS website to listen and subscribe.

VIEW THE 2020 AAHKS POSTER AWARDS

All posters presented virtually at the 30th AAHKS Annual Meeting can be viewed online at <https://AAHKS.apprisor.org>. The website includes a search by topic, author, keyword and award.

These are the 2020 poster award recipients:

- **Primary Knee: 81mg and 325mg Aspirin Equally Effective as Chemoprophylaxis in Primary Total Joint Arthroplasties**

Authors: Matthew P. Siljander, MD, Mason E. Uvodich, MD, Michael J. Taunton, MD, Tad M. Mabry, MD, Kevin I. Perry, MD, Matthew P. Abdel, MD

- **Revision Knee: Tibial Cones in Revision Total Knee Arthroplasty: Mean Clinical Follow-up Greater Than Five Years**

Authors: Nicholas M. Hernandez, MD, Zoe W. Hinton, BS, Christine J. Wu, BS, Sean P. Ryan, MD, Michael P. Bolognesi, MD

- **Primary Hip: Multicenter Trial of Inpatient vs. Outpatient Pain and Satisfaction After Total Hip Arthroplasty**

Authors: Timothy L. Tan, MD, Nitin Goyal, MD, Antonia F. Chen, MD, MBA, Sarah E. Padgett, PA-C, Michael M. Kheir, MD, Robert H. Hopper, PhD, William G. Hamilton, MD, William J. Hozack, MD

- **Revision Hip: Reimbursements for Revision Total Hip Arthroplasty Have Increased for Hospitals but Not Surgeons**

Authors: Emanuel C. Haug, MD, Nicole E. Durig Quinlan, MD, MS, Dennis Q. Chen, MD, Brian C. Werner, MD, James A. Browne, MD

- **Infection: Randomized Trial of Static and Articulating Spacers for Treatment of Infected Total Hip Arthroplasty**

Authors: Cindy R. Nahhas, MD, Peter N. Chalmers, MD, Javad Parvizi, MD, FRCS, Scott M. Sporer, MD, MS, Gregory K. Deirmengian, MD, Antonia F. Chen, MD, MBA, Chris Culvern, MS, Mario Moric, MS, Craig J. Della Valle, MD

- **Complications Not Including Infection: Lysis of Adhesions after TKA is Associated with Increased Risk of Subsequent Revision TKA**

Authors: William M. Cregar, MD, Zain Khazi, MD, Yining Lu, BA, Tad L. Gerlinger, MD

- **Health Policy: Is the Outpatient Prospective Payment System Classification for Total Knee Arthroplasty Appropriate?**

Authors: Edwin G. Theosmy, DO, Michael Yayac, MD, Chad A. Krueger, MD, P. Maxwell Courtney, MD

- **Non-Arthroplasty & Miscellaneous: Provider Gender, Ethnicity, and Marital Status Are Associated with Lower Patient Satisfaction Scores**

Authors: Derek F. Amanatullah, MD, PhD, Laura Y. Lu, MD, Moritz J. Sharabianlou Korth, MD, Robin Z. Cheng, BS, Robin N. Kamal, MD, Andrea K. Finlay, PhD, Stuart B. Goodman, MD, PhD, William J. Maloney, MD, James I. Huddleston III, MD





APRIL 27 - MAY 4 - MAY 11, 2021

AAHKS SPRING MEETING

CONNECTING THROUGH CASES

As is customary, the AAHKS Spring Meeting will feature expert faculty, seasoned and accomplished in their professional career, able to pass on best practices and practical tips on arthroplasty.

2021 AAHKS SPRING MEETING COMES TO YOU

The AAHKS Spring Meeting will be an all-virtual event in 2021. The meeting will remain dedicated to its theme “connecting through cases” and, via virtual technology, will seek to emulate the atmosphere that was achieved 30 years ago during the early gatherings of surgeons at AAHKS Meetings.

“Our goal with this event is to offer small groups of hip and knee surgeons an open and welcoming environment in which participants can benefit from each other’s expertise,”

- Gregory G. Polkowski II, MD, MSc, 2021 AAHKS Spring Meeting Program Chair

The Spring Meeting will create an environment that is intimate (attendance is capped at 200) and focused on case sharing. Attendees will have the unique opportunity to meet face-to-face with faculty and discuss hip and knee patient care.

Objectives

- Analyze total hip and knee arthroplasty **cases**
- Investigate the patterns contributing to effective total hip and knee primary **arthroplasty** and **revision**
- Determine the strategies contributing to optimal **perioperative** and **post-operative** care, including **complication** management
- Consider effective **practice management** tips and related **health care policy**
- Report the highlights of the **AAHKS Annual Meeting**

CME

AAHKS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. AAHKS designates this live internet activity for a maximum of 7.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



2021 AAHKS Spring Meeting Topics Include:

- COVID Made Me an Outpatient Surgeon; This and Other Pandemic Practice Lessons
- Periprosthetic Fractures: State of the Art Techniques
- Uh Oh: Avoiding Complications and Early Revisions in Arthroplasty

See the AAHKS website for the latest agenda at www.aahks.org



The Foundation for Arthroplasty Research and Education (FARE) has announced the recipients of two additional FARE grants following the success of the spring 2020 cycle. The grants were presented at the 30th AAHKS Annual Meeting.

Rothman Orthopaedic Institute

Chad A. Krueger, MD, Staphylococcus Aureus Translocation from Skin and Nose to Periprosthetic Tissues: A Mechanistic Study Through Whole Genome Sequencing

Staphylococcus aureus is a major cause of both community-acquired and nosocomial infections and is regularly reported to be the most common pathogen in prosthetic joint infections (PJIs). *S. aureus* is a commensal of the human skin, nares, and mucous membranes, but also a human pathogen due to its invasive capacity. The nasal carriage has been associated with PJI and for this reason, some institutions recommend screening and decolonization prior to surgery. Yet there is no evidence that shows that the same *S. aureus* that colonizes nares/skin is the same that causes a PJI. This prospective study will include all patients admitted with a suspected joint infection. Next-generation sequencing and culture will be used to screen the patients. Whole-genome sequencing will be performed to assess whether commensals match the PJI organism genetically. This will be the first study of the kind. Dr. Emanuele Chisari accepted the award during the 30th AAHKS Annual meeting.

University of Toronto

*Amir Khoshbin, MD / Jesse Wolfstadt, MD, MSc
DIFFIR: Geriatric Distal Femur Fixation versus Replacement – A Randomized Controlled Trial of Acute Open Reduction Internal Fixation (ORIF) versus Distal Femoral Replacement (DFR)*

The current standard of care for most distal femur fractures (DFFs) in geriatric patients is ORIF, which is associated with a significant rate of non-union, surgical site infection, and need for revision surgery. Recent studies have found one year mortality rates similar to those seen in hip fractures. Thus, acute distal femoral replacement (DFR) has been proposed as a potential management option, as this treatment allows immediate weight-bearing, a faster return to previous level of function, and the potential for avoiding complications. However, these cases are complex and have the potential for other serious complications. There is a lack of evidence to suggest which surgical technique leads to superior functional outcomes and cost-effectiveness and lower complications. The study team will conduct a prospective, randomized control trial, involving 18 academic centers across North America, to compare DFR versus ORIF as a treatment for geriatric DFFs.

The application deadline for Fall 2021 FARE Grants is Monday, August 2. The application, which serves as the letter-of-intent, will be reviewed by the AAHKS Research Committee. Those invited to move forward will then submit a full proposal for final review. The winner(s) will be announced during the 2021 AAHKS Annual Meeting in Dallas, Texas.



Patient Education Committee Publishes New Exercise Guides

The Patient and Public Relations Committee recently published a multitude of new Physical Therapy Exercise Guides for patients. These educational guides are peer-reviewed by the AAHKS Evidence-Based Medicine Committee and have been added to the AAHKS patient education library. New guides include:

1. Exercises Before Hip or Knee Surgery
2. Gait Training After Joint Replacement
3. Low Back Pain Exercises
4. Patellar Tendonitis
5. Pes Anserine Knee Bursitis Exercises
6. Exercises for Iliotibial Band Syndrome (ITBS)
7. Trochanteric Bursitis Exercises
8. Iliopsoas Tendonitis/Bursitis Exercises
9. Knee Replacement Home Therapy Exercises
10. Hip Replacement Home Therapy Exercises

The Patient and Public Relations Committee has joined forces with the AAHKS International Committee to translate articles and exercise guides to Spanish. The Committees have also begun working on translating the articles to Hindi, the second most common language among international AAHKS members.



Please share the website hipknee.aahks.org with your patients, where they can access these exercise guides, read educational articles, watch videos and more.

TRUSTWORTHY INFORMATION FROM AAHKS SURGEON MEMBERS

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Share AAHKS Exercise Guides with your patients:

- Exercises Before Hip or Knee Surgery
- Gait Training After Joint Replacement
- Patellar Tendonitis
- Iliopsoas Tendonitis/Bursitis Exercises
- Pes Anserine Knee Bursitis Exercises
- Trochanteric Bursitis Exercises

Spanish translations are available online. Hindi translations to come.
Special thanks to the AAHKS Patient & Public Relations and International Committees.