

SPRING 2025



AAHKS®

AMERICAN ASSOCIATION OF
HIP AND KNEE SURGEONS

UPDATE

A MEMBER PUBLICATION



WHAT'S INSIDE:

02
Letter from the President

04
Membership Overview

10
2025 Spring Meeting Recap

12
Get to Know AAHKS Staff

14
Health Policy Fellows

16
FARE Grant Recipients

Successful 2025 Spring Meeting



ANNUAL
MEETING

25

Join us Early in 2025
October 23-26

Due to logistical conflicts with the hotel,
the 2025 AAHKS Annual Meeting will be
held earlier than usual. We'll be back to the
normal early November dates in 2026.
(November 5-8, 2026)

Gaylord Texan Resort
& Convention Center

Grapevine, Texas

Shaping the
Future of
Arthroplasty



AAHKS
AMERICAN ASSOCIATION OF
HIP AND KNEE SURGEONS

CONTENTS



OUR MISSION:

Established in 1991, the mission of the American Association of Hip and Knee Surgeons (AAHKS) is to be the definitive global authority on excellence in hip and knee care.

The AAHKS Core Values include Excellence, Integrity, Patient-Centered Care, Innovation, Collaboration, Lifelong Learning and Inclusivity.

- 02** Letter from the President – R. Michael Meneghini, MD
- 04** 2025 Membership Overview
- 04** AAHKS Presidents
- 06** 2025-2026 Board of Directors
- 07** 2025 Council & Committee Chairs
- 08** Past President Highlights – James I. Huddleston III, MD
- 10** 2025 Spring Meeting Recap
- 12** Get to Know AAHKS Staff
- 13** Annual Meeting Registration Now Open
- 13** AAHKS Start-Up Exhibitor Program
- 14** 2025-2026 Health Policy Fellows
- 15** AAHKS Patient Website
- 16** FARE Grant Recipients
- 17** AAHKS Staff

View the 2025-2027 AAHKS Strategic Plan at <http://www.aahks.org/about-us/>.

Letter from the President



R. Michael Meneghini, MD

Dear Fellow AAHKS Members,

It is one my greatest personal and professional honors to serve as AAHKS President during this challenging time in health care.

While many challenges lie ahead for us and the patients we care for, AAHKS members have been some of the most focused and innovative providers across all healthcare disciplines and specialties over the past two decades.

We have advanced the quality of care for our patients while simultaneously driving fiscal responsibility and operational efficiencies in our care models, that have included federal government alternative payment models, which will provide the foundation for our profession to thrive in 2025 and beyond.

Already in 2025, with the help of our amazing and talented AAHKS staff led by our Executive Director Michael J. Zarski, JD, the AAHKS Presidential Line and Board of Directors have approved a reorganization of the council and committee structure to streamline operational and strategic initiatives, communication and function. AAHKS had not critically evaluated our organization structure since 2015. Now serving nearly 6000 members here in the United States and abroad, it is imperative that our organization and leaders are aligned to be operationally effective and efficient serving our members facing such challenging times ahead.

The most notable restructuring is the addition of an entirely new Fellowship Council, under the direction of its inaugural Chair, William G. Hamilton, MD. With the additional responsibilities of fellowship recognition, funding, match process oversight and education, it was imperative we created a separate council to be responsible accordingly and to coordinate our fellowship initiatives with the three other remaining and long-standing advocacy, education and membership councils.

The remaining months of 2025 and into 2026 will require tremendous effort and focus in two main disciplines: advocacy and education. The political and health care environment are forever and inexorably intertwined here in the US and across the globe as well. In that light our current political climate and the attention health care will garner as a result cannot be ignored.

We are taking an all hands-on deck approach leaning on the tremendous expertise of our Health Policy Council and Advocacy Committee under the direction of Adam J. Rana, MD, and in close partnership with our health care Advisors, National Health Advisors (a partnership with law firm Epstein Becker Green and lobbying firm The National Group). We will be working closely with our partners in AAOS to align and unify to push hard preserving compensation and minimizing oppressive administrative burden for our members and their clinical teams, as well as preserving access to care for all patients including the most vulnerable.

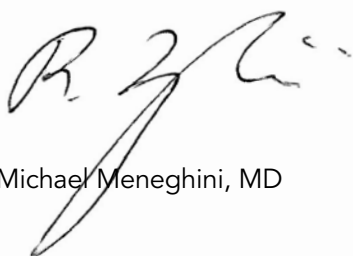
We have made steady gains over the past 12 months getting our congressional leaders to at least acknowledge that the physician payment cuts by CMS have been a major driver of health care consolidation, which in turn has driven up health care costs here in the US. The next 12 months will be some of the most tumultuous in our professional lives, and I want to assure all of our members that we are laser focused, working with our partner organizations and advisors, on advocating for our members and the preservation of their practices through Medicare payment reform and other issues critical to maintaining the viability of hip and knee practices.

Finally, we will maintain our undistracted and typical focus on education, centered around our Annual Meeting, which will occur earlier this year, October 23-26th, in Dallas. Our pinnacle education event will continue to bring experts from all over the world together to deliver and discuss the latest cutting-edge research and education. Our Program Chair, Leonard T. Buller, MD, is putting together an amazing program of pertinent and timely symposia and the Program Committee will again evaluate and bring to the stage the best research in hip and knee arthroplasty from more than 2000 abstract submissions! As a special treat, and pertinent in our time fighting and negotiating for ourselves, our profession and our patients, our guest speaker will be Chris Voss, a former FBI hostage negotiator and author of the best-selling book "Never Split the Difference". We are excited to see you all in attendance at the Annual Meeting.

In addition to the Annual Meeting, we will continue to support and promote our two great AAHKS-sponsored journals, *The Journal of Arthroplasty* and *Arthroplasty Today*, as well as our two philanthropic foundations, Foundation for Research and Education (FARE) and AAHKS Global Outreach (AAHKS-GO).

Finally, I would like to express my sincere appreciation to those who support me in this role of AAHKS President on a weekly, and sometimes, daily basis. First is the amazing AAHKS staff, who are literally best in class. Second, is the Presidential Line of Antonia F. Chen, MD, MBA, Matthew P. Abdel, MD, Gregorg G. Polkowski II, MD, MSc and Past President James I. "Hutch" Huddleston III, MD. Their partnership, support and council is truly as invaluable as their collegial friendship. Third is the AAHKS Board of Directors, the Council and Committee leaders and all the AAHKS member volunteers who make this organization so great! Please reach out to me, or any of the AAHKS leaders, and share how we can better serve you and the patients you treat.

Sincerely,



R. Michael Meneghini, MD



Thank you to all our members who have paid their membership dues for 2025! We value our members and want to ensure everyone is current with membership.

> Rejoin today for Discounted Annual Meeting Registration!

Rejoin by logging in to **www.AAHKS.org**, sending a check, or calling Member Services at 847-430-5063 to keep your JOA subscription, benefits and recognition as an AAHKS member intact. You can also email us at **connect@AAHKS.org** for a link to pay your 2025 membership dues online without logging in.

2025 Membership Overview

REJOIN TODAY!



2025
R. Michael Meneghini, MD
Indianapolis, IN



2024
James I. Huddleston III, MD
Stanford, CA



2023
Javad Parvizi, MD, FRCS
Philadelphia, PA



2022
Bryan D. Springer, MD
Charlotte, NC



2021
Richard Iorio, MD
Boston, MA



2015
Jay R. Lieberman, MD
Los Angeles, CA



2014
Brian S. Parsley, MD
Houston, TX



2013
Thomas K. Fehring, MD
Charlotte, NC



2007
Daniel J. Berry, MD
Rochester, MN



2006
William J. Hozack, MD
Philadelphia, PA



2005
Joseph C. McCarthy, MD
Boston, MA



1999
James A. Rand, MD
Scottsdale, AZ



1998
Richard H. Rothman, MD, PhD
Philadelphia, PA



1997
Merrill A. Ritter, MD
Mooresville, IN

AAHKS PRESIDENTS

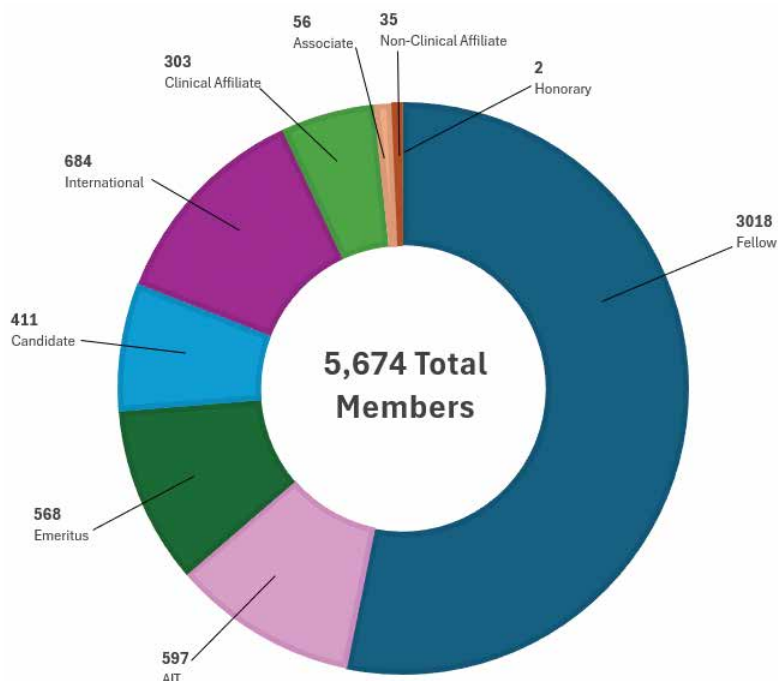
*Thank
you*
FOR YOUR LEADERSHIP

AAHKS membership runs on a calendar-year cycle (Jan. 1 – Dec. 31) with invoicing beginning in November of the previous year. This provides a three-month grace period to renew without suspension of membership. If you have questions concerning this, please give Member Services a call at 847-430-5063.

Checks (please include your full name and AAHKS ID number on checks) or any other correspondence may be sent here:

American Association of Hip and Knee Surgeons

9400 W. Higgins Rd, Suite 230
Rosemont, IL 60018



2020
C. Lowry Barnes, MD
Little Rock, AR



2019
Michael P. Bolognesi, MD
Durham, NC



2018
Craig J. Della Valle, MD
Chicago, IL



2017
Mark I. Froimson, MD, MBA
Chagrin Falls, OH



2016
William A. Jiranek, MD
Richmond, VA



2012
Thomas P. Vail, MD
San Francisco, CA



2011
Carlos J. Lavernia, MD
Miami, FL



2010
Mary I. O'Connor, MD
Jacksonville, FL



2009
William J. Robb III, MD
Evanston, IL



2008
David G. Lewallen, MD
Rochester, MN



2004
Richard F. Santore, MD
San Diego, CA



2003
Clifford W. Colwell, MD
La Jolla, CA



2002
Douglas A. Dennis, MD
Denver, CO



2001
John J. Callaghan, MD
Iowa City, IA



2000
Richard B. Welch, MD
San Francisco, CA



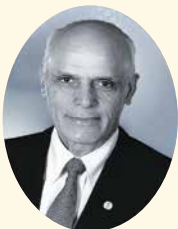
1996
Hugh Tullios, MD
Houston, TX



1995
Lawrence D. Dorr, MD
Inglewood, CA



1994
Richard C. Johnston, MD
Iowa City, IA



1992 – 1993
Chitranjan S. Ranawat, MD
New York, NY



1991
J. Phillip Nelson, MD
Phoenix, AZ

2025-2026

AAHKS Board of Directors



R. Michael Meneghini, MD
President



Rafael J. Sierra, MD
Secretary



Antonia F. Chen, MD, MBA
First Vice President



James A. Browne, MD
Treasurer



Matthew P. Abdel, MD
Second Vice President



Ugonna N. Ihekweazu, MD,
FAAOS
Member-at-Large



Gregory G. Polkowski II, MD, MSc
Third Vice President



Rina Jain, MD, FRCSC
Member-at-Large



James I. Huddleston III, MD
Immediate Past President



Brett R. Levine, MD, MS
Member-at-Large



Jonathan M. Vigdorchik, MD,
FAAOS
Member-at-Large

2025 Council Chairs

Jonathan M. Vigdorchik, MD, FAAOS
Education and Communications Council

William G. Hamilton, MD
Fellowship Council

Adam J. Rana, MD
Health Policy Council

James D. Slover, MD, MS
Membership Council



2025 Committee Chairs

Advocacy

Adam J. Rana, MD

Committee on Committees and Bylaws

Antonia F. Chen, MD, MBA

Digital Health and Social Media

Shaun P. Patel, MD

Diversity Advisory Board

Zachary C. Lum, DO

Education

Jeffrey B. Stambough, MD

Evidence-Based Medicine

Charles P. Hannon, MD, MBA

Fellowship Education

Vivek M. Shah, MD

Fellowship Oversight

Michael J. Taunton, MD

Finance

James A. Browne, MD

Humanitarian

Julius K. Oni, MD

Industry Relations

Cory L. Calendine, MD

International

Carlos A. Higuera-Rueda, MD, FAAOS

Member Outreach

Ashton H. Goldman, MD

Nominating

James I. Huddleston, III, MD

Patient and Public Relations

Benjamin M. Stronach, MD, MS

Practice Management

Benjamin J. Schwartz, MD

Program

Leonard T. Buller, MD

Publications

Christopher E. Pelt, MD

Research

Ran Schwarzkopf, MD, MSc

Women in Arthroplasty

Linda I. Suleiman, MD

Young Arthroplasty Group

David C. Landy, MD, PhD

2025

Past President Highlights



James I. Huddleston III, MD

My experience with the American Association of Hip and Knee Surgeons (AAHKS) has been one of the most rewarding aspects of my professional journey.

My exposure to AAHKS began, at the urging of a mentor, with the Annual Meeting at the Dallas Ft. Worth airport in 2005. I can still smell the jet fuel that permeated the hotel despite windows that did not open. While the educational content was certainly valuable, I was most impressed with the collegiality of the members. I surrounded by others who were concerned with the same issues as I, both personal and professionally.

At our annual board retreat in May, we updated our strategic plan which will guide us from 2025-2027.

**We agreed on a mission of:
"excellence in hip and knee care".**

My first committee assignment was given to me by Jay R. Lieberman, MD. While I didn't know much about advocacy, I knew that it was important to AAHKS members. And after all the acronyms I heard from Mark I. Froimson, MD, MBA and Richard Iorio, MD on my first com-

mittee call, I knew I had a lot to learn. It soon became apparent to me that most of advocacy can't be self-taught. It has to be learned in the trenches of Washington, DC, passed down from current AAHKS leaders to emerging leaders. This process represents the best of AAHKS for me – selfless leaders engaged in an unpopular pursuit who put their own political persuasions aside to deliver on a mission critical to the success of AAHKS.

It is no secret that the AAHKS staff runs a very tight ship. Mike Zarski is a tremendously knowledgeable, experienced and effective executive. His steady demeanor is often the perfect antidote to our members' passions. His leadership is a major driver of AAHKS' success. Josh Kerr deserves special recognition for his role in all things advocacy. Sigita Wolfe's experience on the education front is also invaluable. I would like to thank Eileen Lusk for her many contributions to AAHKS as well. We will miss her and wish her well in retirement. To all the other staff at AAHKS, thank you for all that you do.

At our annual board retreat in May, we updated our strategic plan which will guide us from 2025-2027. We agreed on a mission of "excellence in hip and knee care". Our vision is "to be the definitive global authority in hip and knee care". The execution of this mission and vision will embrace the core values of excellence, integrity, patient-centeredness, innovation, collaboration, life-long learning, and inclusivity.

Our advocacy efforts over the last year focused on educating our membership on the details of CMS' inpatient quality reporting, patient-reported outcome performance measure and the new alternative payment model (Transforming Episode Accountability Model) that begins Jan. 1, 2026. At the AMA RUC, we successfully revised





CPT code 20985, so that our members can get paid consistently for using computer navigation, robotics and fluoroscopy. As I write this we are preparing for another revaluation of our primary hip and knee arthroplasty CPT codes. We created a white paper to educate our members on the rules regarding unionization. As usual, we commented on the standard fee schedule proposals from CMS. We hosted a successful legislative retreat in Washington, DC. Efforts to secure federal funding for the American Joint Replacement Registry (AJRR), the official registry of AAHKS, are on-going despite current political headwinds.

On the education front, our Annual Meeting in Dallas set another attendance record. Jonathan M. Vigdorchik, MD and his team delivered a spectacular educational experience. We enjoyed hosting members of the Egyptian Pelvis, Hip and Knee Society. We served as the Guest Society for the annual British Hip Society in Harrogate, England. We produced an updated position statement on outpatient total joint arthroplasty. Formal comments were also delivered on AAOS' CPG/AUC on prevention of secondary fractures, management of hip osteoarthritis and the prevention of TJA PJI in patients undergoing dental procedures.

AAHKS' success has been fueled by the popularity of the Annual Meeting, strong growth of the membership and collegiality of our members. While we should continue to highlight these achievements, it is important that we do not lose sight of the challenges that we face. First, declining reimbursement remains at the top of the advocacy agenda. Despite our efforts largely being exercised in mitigation of our losses, we must continue to play the "long game". Get to know your Congressional representation

and embrace alternative payment models! Second, "group think" will always be a threat to an organization that has grown so rapidly. One of the most impressive aspects of AAHKS for me has been how the members are generally able to leave their egos at the door, put their differences aside and work for the "greater good" of our association, our members and our patients. The strength of AAHKS comes from our members' ability to employ a strategy, born from different points of view, to solve problems, together, for all our stakeholders.

I would like to recognize all the AAHKS leaders who have helped me over the years. Thank you to Jay R. Lieberman, MD, Craig J. Della Valle, MD, Michael P. Bolognesi, MD, Richard Iorio, MD, C. Lowry Barnes, MD and Javad Parvizi, MD, FRCS for your friendship, coaching and mentorship. I have done my best to pass on the wisdom that you imparted on me. It has been an honor to serve with the members of the current presidential line: R. Michael Meneghini, MD, Antonia F. Chen, MD, MBA, Matthew P. Abdel, MD and Gregory G. Polkowski II, MD, MSc.

Serving as the 34th President of AAHKS was a tremendous honor and career highlight. I will always be grateful for the members' trusting me at the helm. It has been a privilege to participate in the association's transformation from a small society in that airport hotel to the world's largest and most impactful organization dedicated to improving the lives of our hip and knee patients. ●

Spring Meeting Recap

The **2025 AAHKS Spring Meeting** was held at the Hilton Scottsdale Resort and Villas in Scottsdale, AZ from May 1-3. Esteemed faculty and attendees gathered to discuss evidence-based practices, study emerging trends and increase our knowledge of the evaluation and management of degenerative hip and knee conditions. The 2025 AAHKS Spring Meeting was organized and led by Leonard T. Buller, MD, as the Program Chair and Jonathan M. Vigorchik, MD as Co-Chair.



Provided by:
Benjamin M. Stronach,
MD, MS



May 1 Sessions

The meeting commenced on Thursday afternoon with Victor H. Hernandez, MD, MS spearheading the International Symposium on Treatment of Prosthetic Joint Infection across the globe with perspectives from Italy, Mexico, Venezuela, Brazil and Tanzania. Attendees were able to learn the challenges of treating this complex problem with a wide variety of resources available to the treatment team.

Following this enlightening session, the Young Arthroplasty Group (YAG) reception convened, fostering networking and knowledge sharing among the members present. The day concluded with a friendly welcome reception, uniting all attendees and faculty members in a vibrant atmosphere of camaraderie and anticipation for the upcoming discussions and presentations at this year's meeting.

May 2 Sessions

The first General Session commenced with a welcome address from James I. Huddleston III, MD, Immediate Past AAHKS President and then progressed directly into a symposium on Current Controversies in TKA, moderated by Dr. Huddleston. This session covered controversial and timely topics including three-dimensional alignment concepts in TKA, results of cementless fixation with tips and tricks for success, guidance for tourniquet usage and how we should be managing the patella in TKA. A spirited discussion followed from attendees with questions and debate about uncemented patellar resurfacing along with how to assess postoperative knee pain and managing rotational alignment with conforming bearings.

The meeting then progressed directly into the Ask The Experts Panel on Primary TKA as moderated by the current AAHKS President, R. Michael Meneghini, MD. The panel was queried on practice topics in regards to cementless TKA and tourniquet use. Multiple cases were then presented to include treatment options for the bilateral valgus knee, management of knee osteoarthritis in the setting of previous high tibial osteotomy, extra-articular deformities in the setting of TKA, patient optimization to decrease the risk for postoperative complication, the complex nature of post-polio knee deformity, and options for dealing with soft tissue pathology.

The afternoon session began with a symposium on Current Controversies in Primary THA that was moderated by Cory L Calendine, MD. Multiple topics were presented to include the use of collared cementless femoral stems in the modern era, the role of cemented femoral stems in primary THA, accurate implant placement with the use of traditional alignment techniques as compared to the use of technology, the use of imaging for implant placement, power-assisted broach impaction for femoral preparation and how to reconstruct a deficient acetabulum in complex THA.

This session was immediately followed by an Ask The Experts Panel to continue the discussion on Primary THA led by Charles P. Hannon, MD, MBA. Multiple patient cases were utilized

to provide examples of managing acetabular bone loss, technique for addressing proximal femoral deformity, the challenges of post-traumatic osteoarthritis treatment with conversion to THA and takedown of hip arthrodesis.

The last symposium of the day was led by Ran Schwarzkopf, MD, MSc on the topic of Range of Knee Articulations: How and When We Use Them. Topics included our modern understanding of knee kinematics, indications and useful tips for unicondylar knee arthroplasty, information on the variety of available conforming bearings, the use of varus/valgus constrained bearings in primary and revision TKA, and the indications and use of hinge arthroplasty. Dr. Buller closed the session for the day and the attendees were then able to socialize and discuss the topics of the day at the evening reception.

May 3 Sessions

The day began with Dr. Buller welcoming the attendees to day two of the AAHKS Spring Meeting. Dr. Schwarzkopf then provided the AAHKS FARE Grant Awards to Savyasachi C. Thakkar, MD and Bryan D. Springer, MD. This was followed by an update on the American Joint Replacement Registry (AJRR) data by Dr. Huddleston, providing modern trends for arthroplasty across the United States. This include joining the AJRR with the Orthopaedic Device Evaluation Panel that will allow the AJRR for have more robust implant tracking information. The AJRR continues to expand functionality to include better access to patient reported outcome scores, use interface improvements and better linkage to hospital systems.

The meeting then proceeded to the initial symposium for the day that was led by Antonia F. Chen, MD, MBA, on the topic of Surgical Approaches in THA. Multiple topics were discussed to include a review of the available data on the pros and cons of various approaches to include specific talks on direct anterior and posterior approaches along with extensile options for both of these approach-



es. The first Breakout Session was then held on Revision THA with a variety of complex case discussions with the attendees and our faculty with robust discussions on different options for diagnosis and treatment. Attendees were then able to socialize and spend time visiting the exhibits during a short break. The final symposium on Controversies in Revision TKA was moderated by Brett R. Levine, MD, MS. This session provided timely information on multiple topics to include hybrid fixation vs. short cemented stems, tibial and femoral metaphyseal fixation options, the use of fixation versus distal femoral replacement in geriatric distal femur fractures along with tips and tricks for performing distal femoral replacement. The meeting then concluded with a Breakout Session on Revision TKA followed by closing remarks from Dr. Buller. ●



AAHKS would like to thank our wonderful sponsors. Your contribution to our Spring Meeting is greatly appreciated.

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Johnson & Johnson MedTech
Medacta
Smith+Nephew
Stryker
SYLKE
Zimmer Biomet

Get to Know AAHKS Staff

1. What is your title at AAHKS, and can you explain what it is that you do?

I am proud to serve as the Deputy Executive Director, directly managing our advocacy and international efforts, as well as overseeing our membership, marketing and industry relations work. I am staff liaison to our Advocacy, International, Practice Management and Young Arthroplasty Group Committees.

2. What is a short-term goal you have (personal or professional)?

We just introduced our new 2025-2027 Strategic Plan and I am looking forward to implementing the activities we are doing as they continue and evolve from our previous strategic plan.

3. What is your favorite quote and why?

"You'll lose it, if you talk about it", Ernest Hemingway in *The Sun Also Rises*. I think it can mean many things in many situations, but it always reminds me that it is important to be humble, mindful and steady on whatever task or course I may be on.

4. What contribution have you made to AAHKS that you're most proud of, that you would like to share?

Two programs that I am pleased to have been a part of in my near decade of service at AAHKS are the development and growth of the Young Arthroplasty Group (YAG) which now has more than 900 young surgeon members and provides many great programs for members starting their careers. The other is the development of our Health Policy Fellowship. When I started, we had one to two fellows a year and now accept 5 fellows from a much large pool of applicants. Both programs and the surgeons who have participated have contributed greatly to growth in AAHKS of younger members and to engaging them in the Association's structure, to our great benefit.

5. If AAHKS doubled their members (10K), what is the first thing you think should be implemented or removed to properly accommodate a huge spike in membership?

First, congratulations to the profession and the Association on such explosive growth! I certainly wouldn't want to remove any benefits or programs, but to assess how best to level set the current benefits – Spring Meeting, Annual Meeting, webinars, advocacy, patent educational resources and more – to accommodate the larger membership and greater number of adult recon surgeons.

Joshua M. Kerr



Jeff Mitchell



1. What is your title at AAHKS, and what is the biggest misconception that people have about what your role and responsibilities are?

I am the Senior Director of Marketing and Corporate Relations for AAHKS. My role is pretty clear, so I am not sure about misconceptions. I think a lot of people might be surprised to learn that I am also the lead for logistics/sponsorship for AAHKS' resident and industry sponsored cadaver labs at the Annual Meeting. If you had told me ten years ago that I would know anything about cadavers, I would have laughed at the idea.

2. What was your dream job growing up as a child and does that passion still linger in you today?

I wanted to be a musician (sax player). I studied all the way through college. Unfortunately, I realized that although I have talent, I did not have enough talent to be a performer and make a living from it. I still dabble in performing from time to time but not as much as when I was younger.

3. In your role, you get to interface with a lot of external stakeholders for AAHKS, but what has been your favorite or most rewarding project that you've worked on and how did that experience help you in your role?

As I mentioned above, the AAHKS Resident Cadaver Labs are a part of my responsibilities. This program was an idea that our current President Dr. Michael Meneghini suggested back in 2018. Though the program has not been without challenges, watching it grow and seeing the excitement of the residents who participate in learning about arthroplasty from many of the leaders in the specialty is something that always puts a smile on my face. It is a big investment and a lot of work but thanks to our volunteer chairs and faculty and our corporate partners who provide the implants, etc. we are investing in the AAHKS members of the future.

4. Dog or cat person and why?

I am a dog person. We have two dogs...Cardiff a Welsh Terrier and Luca a Wire Fox Terrier...and they run the show at home.

5. What's a skill that you have that your role at AAHKS doesn't require however you really enjoy it?

I love home improvement projects. We bought a money pit of a house many years ago and because we sunk every penny we had into it, we had to learn how to do most of the work ourselves.



Registration NOW OPEN for the 2025 AAHKS Annual Meeting

The time has come! Registration for the 2025 AAHKS Annual Meeting is now open! Our meeting is considered the premier educational event for hip and knee surgeons, and you don't want to miss it. This year's meeting is **October 23-26, 2025**, at the Gaylord Texan Resort & Convention Center in Dallas, Texas.

Register now – don't miss your opportunity to attend the year's most eagerly anticipated and prestigious scientific meeting in the field of arthroplasty. This year also marks a milestone for the AAHKS meeting. We'll be celebrating the 35th Anniversary of the AAHKS Annual Meeting.

So, don't wait! Go to www.AAHKS.org/Meeting or scan the QR code to register today.



The AAHKS Start-up Exhibitor Program is Now Open

Each year, it's important for us to bring new, cutting-edge products, science and services to the exhibit floor at the AAHKS Annual Meeting for attendees to evaluate.

It's really important for us because many start-up companies lack the budget needed to afford a booth at the AAHKS Annual Meeting. But with the start-up exhibitor program, a limited number of companies are given the opportunity to exhibit at our 2025 AAHKS Annual Meeting at a greatly reduced, one-time rate.

Thank you to the AAHKS Industry Relations Committee who developed the Start-up Exhibitor Program under the direction of the AAHKS Board of Directors. The program is for new or start-up companies that have not been an AAHKS exhibitor previously. This application process is designed to enhance and protect the academic and clinical focus of the meeting. If you are working with a start-up that falls into this space, please encourage them to apply online at:

meeting.aahks.org/AAHKS-Start-Up-Exhibitor-Program-Application/



2025-2026 Health Policy Fellows



Kenoma O. Anighoro, MD, MBA

Dr. Anighoro is a board-certified orthopaedic surgeon at Connecticut Orthopaedics, a large single-specialty private practice group in southern Connecticut. He completed his undergraduate education at Yale. He completed medical and business schools at the Geisel School of Medicine and Tuck School of Business at Dartmouth. He completed his residency at the Medical College of Wisconsin where he was selected to participate in the National Orthopaedic Leadership Conference, which was his first experience with orthopaedic advocacy. He completed his fellowship at the Dell Medical School of UT Austin where he was immersed in innovative value-based care delivery models in addition to training in primary and revision arthroplasty. He decided to pursue the Health Policy Fellowship because of his keen interests in all aspects of the management of orthopaedic practice, operational excellence and high value service delivery.

Alexander T. Bradley, MD, MBA

Dr. Bradley is a practicing adult reconstruction surgeon at a private practice group called Golden State Orthopedics & Spine in the East Bay of Northern California. Born in the Midwest in Ann Arbor, MI, he moved to Chicago for a Biomedical Engineering degree at Northwestern University. He then spent a year working at Epic Systems, the primary electronic medical record company in the United States, customizing and implementing their software across the country. Afterwards, he moved to Los Angeles to attend Keck School of Medicine at the University of Southern California, before returning to Chicago for residency at the University of Chicago. Simultaneously while in residency, he completed a Master of Business Administration at the world-renowned University of Chicago Booth School of Business. Finally, he completed his fellowship at Midwest Orthopedics at Rush. Dr. Bradley is a member of AAOS, AAHKS, the Young Arthroplasty Group (YAG), and has been selected as an AOA Emerging Leader.



David N. Kugelman, MD

Dr. Kugelman is a hip and knee replacement surgeon at Rothman Orthopaedics in Philadelphia, PA. Growing up in the blue-collar borough of Staten Island, NY has sparked his interest in health care and advocacy. He earned his medical degree from Geisinger Commonwealth School of Medicine and went on to complete his residency in Orthopaedic Surgery at NYU Langone Health. Dr. Kugelman further performed a fellowship in adult reconstruction at Duke University Medical Center.

Drake G. LeBrun, MD, MPH

Dr. LeBrun is a practicing orthopaedic surgeon with the Fondren Orthopedic Group in Houston, TX. A Texas native, he completed his undergraduate degree at Rice University. He attended medical school at the University of Pennsylvania and graduate school at the Harvard School of Public Health. He completed his residency and Adult Reconstructive fellowship at the Hospital for Special Surgery. Prior to starting practice, he received the M.E. Müller Fellowship, affording him the opportunity to work with hip and knee arthroplasty surgeons in Germany, Switzerland, Italy and the United Kingdom. He is actively involved in research related to health policy and joint replacement surgery.



The AAHKS Health Policy Fellowship (HPF) provides young, future leaders with an opportunity to get involved in the policy-making process and to become effective advocates. This year, AAHKS is welcoming five new Health Policy Fellows:



Hunter S. L. Warwick, MD

Dr. Warwick is currently an adult reconstruction fellow at the Rothman Orthopaedic Institute in Philadelphia, PA. He received his undergraduate degree in biology and ran track at Brown University. He then attended Duke University for medical school and completed his orthopaedic surgery residency at the University of California, San Francisco. Dr. Warwick is a member of AAHKS and the Young Arthroplasty Group (YAG). After fellowship, Dr. Warwick will be joining the Colorado Permanente Medical Group in Denver, CO. ●

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2025

FARE Grant Recipients

The Foundation for Arthroplasty Research and Education (FARE) has announced the recipients of two FARE grants for the spring 2025 cycle. Each study will receive up to \$50,000 to support their research.

AAHKS is committed to advancing patient care by supporting research projects with great potential. To apply for the next FARE grant cycle, please visit www.AAHKS.org/Research/Fare-Grant-Application/



Bryan D. Springer, MD
Mayo Clinic

Evaluating the Efficacy of a "Quiet Knee Protocol" in Primary Total Knee Arthroplasty (TKA): A Prospective Randomized Study

Outpatient total knee arthroplasty (TKA) is increasingly common, often with the expectation of rapid recovery and associated early aggressive rehab protocols. However, aggressive protocols may lead to increased pain, swelling and limited range of motion (ROM), ultimately prolonging recovery and increasing physical therapy (PT) needs. This study will evaluate a "Quiet Knee Protocol" (QKP), which emphasizes reduced early postoperative stress through controlled walking and standing, active (but not passive) ROM exercises, and pain-free strengthening. The goal is to promote healing while maintaining functional recovery.

In a multicenter, randomized controlled trial, patients undergoing primary TKA will be assigned to either QKP or standard rehab. Outcomes will include ROM, pain, activity levels, PT usage, narcotic use and need for further intervention. Patients will be followed for up to one year to determine whether QKP leads to better patient-reported outcomes and reduced PT utilization compared to traditional rehabilitation.



Savyasachi C. Thakkar, MD
Johns Hopkins University

Assessing Bone Quality in TKA: Can Portable Densitometry Guide Fixation Type?

Cementless total knee arthroplasty (TKA) is increasingly used in the United States, offering strong biologic fixation and long-term success. However, some patients still experience poor implant fixation and aseptic loosening, leading to revision surgery. Currently, there are no standardized criteria to identify ideal candidates for cementless fixation and traditional methods for assessing bone quality are either subjective or inaccessible.

This study aims to evaluate the effectiveness of a portable, ultrasound-based bone densitometry device for preoperative assessment of tibial bone quality. By comparing preoperative bone density measurements with postoperative implant subsidence tracked via radiostereometric analysis, the study seeks to establish an objective and accessible method for optimizing patient selection for cementless TKA and reducing revision risk. ●



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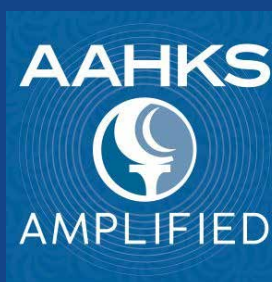
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