

TABLE E-1 Practice Characteristics of 2005 American Association of Hip and Knee Surgeons (AAHKS) Member Survey Respondents^a

Characteristics	Respondents [N (%)]
<i>Type of Practice Setting (N=396)^b</i>	
Private orthopaedic practice	268 (67.7)
Academic practice	100 (25.3)
Multispecialty clinic	19 (4.8)
Health maintenance organization	6 (1.5)
Government or military	1 (0.3)
Other	1 (0.3)
<i>Practice Size (N=393)^b</i>	
Solo practice	37 (9.4)
2-10 physicians	187 (47.6)
11-20 physicians	115 (29.3)
21-50 physicians	42 (10.7)
51-400 physicians	12 (3.1)
<i>Years in Practice (N=390)^b</i>	
1-10 years	71 (18.2)
11-20 years	177 (45.4)
21-45 years	142 (36.4)
<i>Year 2004 total hip/knee arthroplasty volume (N=392)^b</i>	
0-49 cases	7 (1.8)
50-100 cases	35 (8.9)
101-200 cases	125 (31.9)
201-500 cases	201 (51.3)
501-1400 cases	24 (6.1)
<i>Census Bureau Region (N=403)</i>	
Northeast	96 (23.8)
Midwest	100 (24.8)
South	133 (33.0)
West	74 (18.4)

^a2005 member survey response rate of 54% establishes a 95% \pm 5% confidence level for survey results being reflective of entire membership (N=753). ^b N<403 because not all respondents answered these questions.



2005 AAHKS MEMBER SURVEY: HIP OSTEONECROSIS EVALUATION & MANAGEMENT

The purpose of this anonymous survey is to study current trends in the evaluation and management of hip osteonecrosis. Your complete responses are important. Please return BOTH SIDES of questionnaire in the enclosed envelope or via Fax 847-825-9294 no later than March 31, 2005. Questions? Call the AAHKS at 847-698-1200.

1. Which potential risk factors do you routinely ask about and screen for in patients with osteonecrosis of the hip? (check all that apply)

- | | | | |
|-------------------------|--------------------------|-----------------------|--------------------------|
| Alcohol abuse..... | <input type="checkbox"/> | Storage diseases..... | <input type="checkbox"/> |
| Steroid use..... | <input type="checkbox"/> | HIV..... | <input type="checkbox"/> |
| Trauma..... | <input type="checkbox"/> | Cancer..... | <input type="checkbox"/> |
| Clotting disorders..... | <input type="checkbox"/> | Family history..... | <input type="checkbox"/> |
| Lupus..... | <input type="checkbox"/> | Other (specify):_____ | <input type="checkbox"/> |

2. In osteonecrosis associated with steroid use do you: (check all that apply)

- Urge patient and physician to stop steroids if possible..... ☐
- Consider use of statin therapy to decrease risk of AVN in other areas..... ☐
- Urge an osteoporosis work-up if not already performed..... ☐
- None of these..... ☐
- Other (specify):_____ ☐

3. In osteonecrosis associated with alcohol abuse do you: (check all that apply)

- Require patient to stop alcohol consumption prior to surgery.... ☐
- Get professional intervention for patient's alcohol abuse..... ☐
- Treatment and pre-operative requirements vary..... ☐
- None of these..... ☐
- Other (specify):_____ ☐

4. Do you offer either of the following drug therapies for the treatment of hip osteonecrosis?

- | | | | | |
|-----------------|----------|--------------------------|---------|--------------------------|
| Anticoagulants | Yes..... | <input type="checkbox"/> | No..... | <input type="checkbox"/> |
| Bisphosphonates | Yes..... | <input type="checkbox"/> | No..... | <input type="checkbox"/> |

5. When surgery is indicated, how important is each of these factors in determining the type of surgery?

Please use the following scale to rate the importance of each factor (circle the number)

1-Not very important; 2-Somewhat important; 3-Important; 4-Critically important

- | | | | | |
|---|---|---|---|---|
| Stage of osteonecrosis..... | 1 | 2 | 3 | 4 |
| Patient age..... | 1 | 2 | 3 | 4 |
| Gender | 1 | 2 | 3 | 4 |
| Medical comorbidities | 1 | 2 | 3 | 4 |
| Patient occupation / job demands..... | 1 | 2 | 3 | 4 |
| Pain at night..... | 1 | 2 | 3 | 4 |
| Pain with activities of daily living..... | 1 | 2 | 3 | 4 |
| Pain which affects work..... | 1 | 2 | 3 | 4 |
| Length of symptoms..... | 1 | 2 | 3 | 4 |
| Other (specify):_____ | 1 | 2 | 3 | 4 |

6. Do you routinely obtain a MRI to assess bilaterality of disease, in cases of obvious osteonecrosis in one hip and a normal appearing contralateral hip?

- Yes..... ☐ No..... ☐
- Depends on (specify):_____ ☐

7. What further workup do you do for patients without any obvious osteonecrosis risk factors by history?(list or describe):

Fig. E-1

Sixteen-question self-administered survey questionnaire sent to all active members of AAHKS in March and April 2005.

8. Do you offer hip fusion to any patients with osteonecrosis?

Yes..... ☐ No..... ☐

Depends on (specify): _____ ☐

9. Have you performed a hip fusion in the last 5 years?

Yes ☐ No..... ☐

10. In each scenario of a patient with idiopathic unilateral osteonecrosis of the hip, what is your recommended treatment, based on the hypothetical ages below? (select one best answer for each scenario, and write in number):

- 1..... Total hip replacement
- 2..... Resurfacing hemiarthroplasty
- 3..... Resurfacing total hip replacement (when it is available)
- 4..... Standard hemiarthroplasty
- 5..... Vascularized bone grafting
- 6..... Non-vascularized bone grafting or bone graft substitute (eg trap door, fibular strut)
- 7..... Osteotomy (intertrochanteric or rotational)
- 8..... Core decompression with bone graft, bone graft substitute, and/or stimulation
- 9..... Core decompression without bone graft, bone graft substitute, stimulation
- 10..... Non-surgical treatment
- 11..... Other

Patient Age in Years

24 48

- | | |
|---------------|--|
| _____ _____ | Significant arthritis and symptoms, failed non-surgical management |
| _____ _____ | Joint narrowing and/or acetabular changes and symptoms, failed non-surgical management |
| _____ _____ | Moderate flattening of the femoral head (15% to 30% of weight bearing surface or 2-4mm depression) and symptoms, failed non-surgical management |
| _____ _____ | Moderate subchondral collapse (crescent sign) without flattening (15% to 30% of weight bearing surface) and symptoms |
| _____ _____ | Moderate subchondral collapse (crescent sign) without flattening (15% to 30% of weight bearing surface) and no or minimal symptoms |
| _____ _____ | Moderate lucent and sclerotic changes in the femoral head (15% to 30% of head affected; head round without collapse) and symptoms |
| _____ _____ | Moderate lucent and sclerotic changes in the femoral head (15% to 30% of head affected; head round without collapse) and no or minimal symptoms |
| _____ _____ | Normal radiograph with abnormal bone scan and/or MRI (30% of head affected) and symptoms |
| _____ _____ | Normal radiograph with abnormal bone scan and/or MRI (30% of head affected) and no or minimal symptoms |

10. Which term best describes the type of practice setting you work in?

Private orthopaedic practice..... ☐ Multi-specialty clinic..... ☐ HMO..... ☐
 Academic practice..... ☐ Government / military..... ☐ Other (describe)..... ☐

11. Which state is your practice located in? Please write in two letter abbreviation: _____

12. How many orthopaedists are in your practice? Please write in number: _____

13. How many years have you been in orthopaedic practice? Please write in number: _____

14. What was your total THA / TKA surgery volume for the year 2004? Please write in number: _____

15. Please estimate the percentage of types of cases you performed in 2004:

%Primary THA: _____ %Revision THA: _____ %Primary TKA: _____ %Revision TKA: _____

16. How many hip osteonecrosis surgeries do you estimate you performed in 2004? _____

Thank you for completing this survey. Please return BOTH PAGES of questionnaire in the enclosed envelope or via Fax 847-825-9294 no later than March 31, 2005. Questions? Call the AAHKS at 847-698-1200.