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Current Practice Trends in Primary Hip and Knee Arthroplasties Among Members of the American Association of Hip and Knee Surgeons: An Update During the COVID-19 Pandemic



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ABSTRACT

At the hybrid 2020 Annual Meeting of the American Association of Hip and Knee Surgeons, an audience response poll was conducted to determine current practice patterns among its members. The poll was completed via a mobile application (ie, app) due to the COVID-19 pandemic, and allowed both in-person and virtual attendees to provide responses to multiple choice questions related to practice patterns pertaining to primary total hip arthroplasties and primary total knee arthroplasties. Moreover, results were compared to findings from previous polls.

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The 2020 Annual Meeting of the American Association of Hip and Knee Surgeons (AAHKS) was executed in a hybrid fashion due to the COVID-19 pandemic, allowing both in-person/live and virtual attendees. As has been performed every other year, the senior author (DJB) performed a poll of AAHKS members about their current practice patterns [1,2]. Participants responded via a mobilebased application (ie, app) whether they attended in-person or virtually.

In this paper, we present the 2020 practice patterns, and analyze trends over the last several years from similar polls [1,2].

Patient and Methods

The poll was conducted virtually to in-person attendees in Dallas, TX, as well as virtual participants utilizing a mobile-based

Investigation was performed at the Mayo Clinic, Rochester, MN.

app by the session moderator (DJB). The audience was shown a series of individual slides via a virtual platform that contained questions with multiple choice responses (Appendix A). The audience was given 5-10 seconds to respond to each question. Thereafter, results were shown to the moderator and audience in real time via the virtual platform. As with previous polls, fractional percentages of 0.5 or greater were rounded to the higher integer. As such, some total percentages slightly exceeded 100%.

Overall, the 30th Annual Meeting of AAHKS had 1471 total attendees at some time during the meeting. Of the 1471 attendees (inclusive of industry representatives and AAHKS staff), 497 were in-person and 974 attended the meeting virtually.

Results

There were 54 questions in the 2020 Annual Meeting poll. The mean number of responses to each question was 340 (range 243-370). This was a decrease from the mean number of responses in the 2018 poll which was conducted in-person during the AAHKS annual meeting and which included a mean of 596 responses for the questions in the primary total hip arthroplasty (THA) section (43% decline) and a mean of 628 responses for the questions in the primary total knee arthroplasty (TKA) section (46% decline) [1].



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Primary Total Hip Arthroplasty

The most commonly utilized operative approaches for primary THAs were posterior (46%) and direct anterior (45%), accounting for over 90% of cases. Anterolateral approach only accounted for 9%, followed by two-incision in 1%. Compared to 2018 [1], the direct anterior approach (DAA) has increased by 5% (40% to 45%), the anterolateral approach has decreased by 3% (12% to 9%), and the posterior approach has decreased by 1% (Fig. 1). In regards to the DAA, 17% stated they have not tried it and do not plan on trying it, 6% have not tried it but are thinking about it, 22% have tried it but discontinued it, and 55% are doing the DAA currently.

Similar to the 2018 poll, uncemented femoral component fixation remains predominant in primary THAs. Thirty-three percent of respondents use an uncemented femoral component in virtually all of their primary THA cases, 60% use uncemented stems in 75%-99% of cases, 4% use uncemented stems in 50%-74% of cases, and 2% use uncemented stems in less than half of their cases. This is very similar to the findings in the 2018 and 2009 polls [1,2]. When using an uncemented stem, dual-tapered wedge stems have increased by 13% to 64% (51% in 2018), tapered parallel-sided stems have decreased by 14% to 26% (40% in 2018), extensively porous-coated stems have decreased from 4% to 2%, and short stems have remained constant at 7% (6% in 2018) [1].

When using cemented femoral component fixation, 65% prefer a collared composite beam design and 35% prefer a polished tapered collarless stem. Compared to 2018 [1], collared composite beam stems have increased by 4% (61% in 2018) while polished tapered collarless stems have decreased by 4% (39% in 2018). When focusing only on patients 80 years of age and older, 18% routinely utilized cemented stem fixation (defined as >90% of the time), 38% used cemented stems some of the time (defined as 10%-90% of the time), and the majority (44%) routinely used uncemented stems (defined as >90% of the time).

Bearing surface use has seen an evolution since our 2 previously published polls [1,2]. The vast majority of respondents (92%) in 2020 utilized exclusively bearings with cross-linked polyethylene (PE) (Fig. 2). This is a stark contrast to the same question being asked in 2009 and 2018 where the number was 18% and 78%, respectively [1,2].

Another area of great interest surrounds the use of ceramic/ ceramicized femoral heads. When combined with a PE bearing in 2020, 56% of respondents use a ceramic/ceramicized femoral head in 100% of cases, 31% of respondents use a ceramic/ceramicized femoral head 50%-99% of the time, 4% use a ceramic/ceramicized



Fig. 2. Graph depicting increasing use of polyethylene as the bearing surface of choice in primary total hip arthroplasties from 18% of respondents in 2009 to 78% of respondents in 2018 to 92% of respondents in 2020.

femoral head 25%-49% of time, 7% use a ceramic/ceramicized femoral head 1%-25% of the time, and 2% never use a ceramic/ ceramicized femoral head. The biggest change from 2018 is the percent of respondents who use a ceramic/ceramicized femoral head in 100% of cases, which increased by 15% from 41% in 2018 to 56% in the current poll (Fig. 3) [1]. Interestingly, much of increase in ceramic/ceramicized femoral head use has occurred in patients over 70 years of age. In that particular cohort, 56% of respondents use a ceramic/ceramicized femoral head 100% of the time, 24% use a ceramic/ceramicized femoral head 50%-99% of the time, 2% use a ceramic/ceramicized femoral head 25%-99% of the time, 8% use a ceramic/ceramicized femoral head 1%-25% of the time, and 9% never use a ceramic/ceramicized femoral head. When compared to 2018 [1], there has been a 21% growth in the use of ceramic/ ceramicized femoral heads used in patients over 70 years of age 100% of the time (35% in 2018 to 56% in 2020).

This is now the second contemporary AAHKS poll specifically asking about the use of dual-mobility constructs in primary THAs. In our 2018 poll [1], 27% of respondents never used dual-mobility constructs in the primary setting, 42% used dual-mobility constructs in rare selected cases (less than 2%), 19% used dual-mobility constructs in 3%-10% of cases, 8% used dual-mobility constructs in 11%-50% of cases, and 4% used dual-mobility constructs in greater than 50% of cases. In the updated 2020 poll, the percent of respondents who never use dual-mobility constructs in the primary setting has decreased by 7%, from 27% in 2018 to 20% in 2020 [1]. Moreover, the percent of respondents who use it in 3%-10% of cases has increased by 7% from 19% in 2018 to 26% in 2020 [1].



Fig. 1. Graph depicting increasing use of direct anterior approach for primary total hip arthroplasty from 12% of respondents in 2009 to 40% of respondents in 2018 to 45% of respondents in 2020.



Fig. 3. Graph depicting the increasing use of ceramic/ceramicized femoral heads in 100% of the time from 15% in 2014 to 56% in 2020.



Fig. 4. Graph depicting the decreasing use of drains in both primary total hip arthroplasties and primary total knee arthroplasties. THA, total hip arthroplasty; TKA, total knee arthroplasty.

From a perioperative management standpoint, routine drain usage in primary THA continues to decrease and is now nearly obsolete at 5% (11% in 2018 and 46% in 2009) (Fig. 4) [1,2]. Aspirin and mechanical measures for venous thromboembolism (VTE) prophylaxis in routine primary THA continues to become more common now at 95% (87% in 2018 and 20% in 2009) (Fig. 5) [1,2]. The number of surgeons recommending minimizing high-impact activities after primary THA continues to decrease and is now 77% (82% in 2018 and 88% in 2009) [1,2]. Similar to 2018, 65% of surgeons recommend patients work with physical therapy after dismissal from the hospital [1].

Outpatient THAs has seen a substantial change in utilization since our previous publication [1]. In the 2020 poll, outpatient THA was not performed by 28% respondents, which is a decrease of 25% from the reported number of 53% in the 2018 poll [1]. Moreover, 45% of respondents performed outpatient THAs on 1%-25% of their practice, 15% of respondents performed outpatient THAs on 26%-50% of their practice, 7% performed outpatient THAs on 51%-75% of their practice, and 6% performed outpatient THAs on greater than 76% of their practice.

Primary Total Knee Arthroplasty

Unicompartmental knee arthroplasty usage remained consistent with our previous poll of 2018 [1]. In the current poll, 54% of respondents perform the procedure in 1%-9% of their knee



Fig. 5. Graph depicting the substantial increase in the use of aspirin and mechanical devices as the preferred form of venous thromboembolism prophylaxis after primary total hip arthroplasties and primary total knee arthroplasties.

arthroplasty patients, 17% perform it in 10%-24% of their patients, 3% perform it in 25%-50% of their patients, and 0% performs it in greater than 50% of their patients.

The number of respondents who never perform bilateral simultaneous TKAs continues to steadily increase: 24% in 2009, 34% in 2018, and now 44% in the current poll (Fig. 6) [1,2]. Of those who do perform bilateral simultaneous TKAs, 50% do the procedure in 1%-9% of their knee arthroplasty cases, 5% in 10%-25% of their cases, and 1% in more than 25% of their cases.

Tourniquets are used by 24% of respondents in all cases (25% in 2018 and 37% in 2009), by 47% of respondents in all cases except those with vascular concerns, by 16% of respondents only during exposure and cementation (14% in 2018 and 5% in 2009), and not at all by 13% of the respondents (12% in 2018) [1,2].

Robotic use continues to increase with 34% of respondents using robotics in some of their primary TKAs. This is an increase of 13% from the 2018 poll in which 21% of respondents used robotics in some of their TKAs [1,2]. In regards to navigation, 14% of respondents always or almost always use computer navigation for their TKAs (19% in 2018 and 14% in 2009), and 29% of respondents use it in selected complex cases (29% in 2018 and 28% in 2009); 57% of respondents never use computer navigation in TKA (53% in 2018 and 58% in 2009) [1,2].

Forty percent of respondents routinely use a posterior cruciatesubstituting TKA design, which continues to decrease from 49% in 2018 to 60% in 2009 [1,2]. Similarly, posterior cruciate ligamentretaining designs have decreased to 25% (29% in 2018 and 40% in 2009) [1,2]. However, ultra-congruent designs continue to gain traction and are now used by 24% of respondents (15% in 2018), and 11% of respondents use a medial pivot design (7% in 2018) [1].

The current practice pattern is for 17% of respondents to aim for "kinematic" alignment (10% in 2018), whereas 83% of respondents still target neutral mechanical alignment (90% in 2018) [1].

The primary method of determining femoral implant rotation was from anatomical landmarks by 65% of respondents, which is a decrease of 7% since the 2018 poll [1]. Rather, "gap-balancing" methods have increased to 35% (28% in 2018) [1].

Cementless TKA implant fixation is growing among AAHKS members. The percentage of respondents who always cement all components has decreased from 83% in 2009 to 73% in 2018 to 58% in 2020 (Fig. 7) [1,2]. In the current poll, an additional 18% of respondents cement all components in 90% of their cases, 15% cement all components in 50%-80% of their cases, and 10% cement all components in less than 50% of their cases. When cement is utilized, 38% of respondents always use antibiotic-impregnated



Fig. 6. Graph depicting the increasing percentage of respondents who never perform bilateral simultaneous bilateral total knee arthroplasties from 25% in 2009 to 34% in 2018 to 44% in 2020.



Fig. 7. Graph depicting the decreasing percentage of respondents who perform cemented total knee arthroplasties all the time from 83% in 2009 to 73% in 2018 to 58% in 2020.

cement (41% in 2018 and 37% in 2009), 42% use it only in patients at high-risk of infection (43% in 2018 and 45% in 2009), and 21% never use this type of cement (16% in 2018 and 17% in 2009) [1,2].

Once again, the majority of respondents (91%) use a modular, fixed-bearing, metal-backed tibial component in most cases (91% in 2018 and 83% in 2009) [1,2]. For elderly patients, most respondents (88%) still use a modular, fixed-bearing, metal-backed tibial component (89% in 2018) and 5% use an all-PE tibial component (7% in 2018) [1]. In young patients, modular, fixed-bearing, metal-backed tibial components were also most common (86%), and this was similar to the number in 2018 (89%) [1].

A new question in the 2020 poll was in regards to patients with a body mass index (BMI) of greater than 40 kg/m² and the use of adjuvant fixation. Sixty-two percent of respondents noted that they typically add a short stem to their standard tibial component in this circumstance.

In regards to TKA bearing, cross-linked PE is used by 83% of the respondents always, with 8% of respondents using it sometimes, and 9% of respondents never using it.

Patellar resurfacing is performed in virtually all patients by 55% of respondents, which is a decrease from the 62% in 2018 and 76% in 2009 (Fig. 8) [1,2]. Twenty-three percent of respondents resurface the patella in 90%-99% of cases, 14% of respondents do so in 10%-89% of their cases, 6% do so in 1%-9% of their cases, and 1% never resurface the patella.

From a perioperative management standpoint, routine use of a drain in the primary TKA setting continues to decrease and is now



Fig. 8. Graph depicting the decreasing percentage of respondents who always resurface the patella from 76% in 2009 to 62% in 2018 to 55% in 2020.

at 10% (down from 18% in 2018 and down substantially from 66% in 2009) (Fig. 4) [1,2]. Aspirin and mechanical measures for VTE prophylaxis is ubiquitous and is used by 97% of respondents (up from 88% in 2018 and substantially up from 20% in 2009) (Fig. 5) [1,2]. Eight-four percent of surgeons recommend minimizing high-impact activities after TKA (down from 86% in 2018 and 95% in 2009) [1,2]. Ninety-six percent of surgeons recommend patients work with physical therapy after dismissal from the hospital for TKA (93% in 2018) [1].

For pain management after TKA, 70% of the respondents use some form of a peripheral nerve block plus a periarticular injection (PAI; 60% in 2018), whereas 23% use a PAI only (28% in 2018), 6% use an adductor canal block only (10% in 2018), 1% use a femoral nerve block only (2% in 2018), and 1% use neither peripheral nerve block nor PAI (same in 2018) [1].

Continuous passive motion use has substantially decreased after routine TKA from 58% of respondents in 2009 to 13% of respondents in 2018 to 8% in 2020 [1,2].

Outpatient TKA has seen a substantial increase since our previous publication [1]. In the 2020 poll, outpatient TKA was not performed by 29% respondents, which is a decrease of 24% from the reported number of 53% in the 2018 poll [1]. Moreover, 44% of respondents performed outpatient TKAs on 1%-25% of their practice, 15% of respondents performed outpatient TKAs on 26%-50% of their practice, 6% performed outpatient TKAs on 51%-75% of their practice, and 7% performed outpatient TKAs on greater than 76% of their practice.

Primary Total Hip Arthroplasty and Primary Total Knee Arthroplasty Common Practices

Fifty-seven percent of respondents have a rigid cut-off of 40 kg/ m^2 for BMI prior to primary THA or TKA (62% in 2018) [1]. The highest BMI patient a TJA was performed on during the prior year was <40 kg/m² in 11% of respondents, 40-45 kg/m² in 37% of respondents, 46-50 kg/m² in 29% of respondents, 51-60 kg/m² in 16% of respondents, and >60 kg/m² in 7% of respondents. In regards to smoking, 29% of respondents have a hard stop before surgery and test cotinine levels (23% in 2018), whereas 31% of respondents have a hard stop but do not test (32% in 2018) [1]. Forty percent of respondents do not utilize smoking status to limit the decision to proceed with primary THA or TKA (42% in 2018) [1].

Urinary tract infection screening continues to be a source of debate with 40% of respondents screening and treating if positive (but still proceeding with surgery without delay) which is a decrease from 45% in 2018 [1]. Fifty-two percent of respondents do not screen (42% in 2018), and 8% of respondents screen and cancel surgery until fully treated (13% in 2018) [1].

In regards to tranexamic acid (TXA), 71% of respondents use it in all primary THAs and TKAs regardless of medical issues (11% increase from 60% reported in 2018) [1]. However, 14% of respondents avoid TXA in patients with either arterial vascular disease or VTE history (decrease of 9% from 23% in 2018), 12% of respondents avoid TXA only in patients who are at high risk of VTE (similar to 13% in 2018), and 2% of respondents avoid TXA only in patients with arterial vascular disease (similar to 3% in 2018) [1]. When TXA is utilized, 92% of respondents use intravenous TXA (87% in 2018), 4% of respondents use topical TXA (8% in 2018), and 4% use oral TXA (6% in 2018) [1].

Seventy-six percent of respondents are using some form of dilute povidone-iodine or other antimicrobial solution on all primary procedures (similar to 75% in 2018), whereas 9% of respondents are using such solutions on high-risk patients (similar to 7% in 2018), and 15% of respondents are not using any such type of irrigation (similar to 18% in 2018) [1].

Finally, following routine primary THA or TKA, 50% of respondents recommend antibiotic prophylaxis for life when patients are undergoing dental procedures, whereas the other 50% recommend antibiotic prophylaxis for 1-2 years after the operation for dental procedures, and lifelong for high-risk patients undergoing dental procedures. This is the same as the 2018 findings [1].

Discussion

Even through unprecedented times secondary to the COVID-19 pandemic, AAHKS was able to continue educating its members through its 2020 Annual Meeting, providing attendees both an inperson and a virtual option. Similarly, the results of this poll continue to provide valuable insights into current practice patterns, and allow us to continue to follow trends over time. One potential limitation of comparisons between this and previous polls is that this poll was conducted virtually while previous polls have been conducted in-person. A mitigating factor to this limitation is that respondents to both polls were AAHKS meeting attendees.

In regards to primary THAs, the DAA is now nearly equivalent to the posterior approach in regards to popularity among those AAHKS members responding to this poll. Between the 2 approaches, they account for >90% of the preferred operative approaches for responding AAHKS members. From a bearing surface perspective, the use of cross-linked PE liners with ceramic or ceramicized femoral heads is by far the most dominant combination, irrespective of age. The use of dual-mobility constructs also appears to be increasing. From a knee perspective, greater than one-third of surgeons are now using robotics in some of their primary TKAs. Moreover, there continues to be an evolution in the most common knee designs with ultra-congruent and medial pivot designs both gaining popularity. Similarly, there is an increasing trend toward "kinematic" alignment. Finally, greater than one-third of surgeons prefer the gap balancing methods to determine femoral component rotation.

Outpatient primary THAs and TKAs both increased in the current poll. Although this is partially attributed to the COVID-19 pandemic and inpatient only rulings, innovations in the surgical, medical, and anesthetic delivery of primary THAs and TKAs have also substantially improved. For both primary THAs and TKAs, the use of aspirin and mechanical devices for VTE prophylaxis is the preference by the majority of surgeons (95%). Similarly, the routine use of drains continues to decrease and is only used by 10% of surgeons for primary TKAs and 5% of surgeons for primary THAs.

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Appendix

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Factorial strang stranding lateral spine hims in all strands 3/ 13/ Particle A fracted merain 11 3/ 3/ Favored Operative Approach A fracted merain 11 3/ 3/ Direct Anterior 10 5/ 5/ 5/ Direct Anterior Approach A how on tried it and dord plan to 5/ 7/ 3/ 3/ B have not tried it and dord plan to 5/ 7/ 2/ 6/ 3/ 3/ C Itried it but have not continuel to doi 10 7// 7// 2// 6// 3// 3// Stem Fixation: Percent Uncemented 10 10 3// 3// 3// 3// A 1000 kuremented 10 3// 3// 3// 3// 3// B Toperde paralle sided bable type 2/2 6// 3// 3// 3// C Construct Always comment. A fold one date side fold bable type 2/2 6// 3// D and algered wergin 2/2 6// 3// 3// 3// C cono		patients.			
Patterior 164 4.6 360 B. Antervalation 13 37 360 Direct Anterior Approach A. Howe not read it but and that plan to 38 371 Direct Anterior Approach A. Howe not reid it but and that plan to 38 371 Direct Anterior Approach A. Howe not reid it but and that plan to 38 371 Direct Anterior Approach 16 333 351 E. I rifed it but have not continued to do it. 78 228 361 Control (100) Sintermented 16 333 351 A. 100% uncemented 16 338 361 Control (100) Sintermented 16 48 360 A. 100% uncemented 16 48 18 Direct faration 16 18 361 Direct faration 16 18 361 Direct faration 18 362 363 Conserver faxation 18 362 363 Barried Faration 16 18 362		C. Additional sitting/standing lateral spine films in all	37	11%	
Favored Operative Approach A losterior 164 4, 65 400 B. Anteriorateral 31 82 C. Direct Anterior mer Type 162 453 Direct Anterior Approach 163 453 B. I have not tried i and don't plan to 38 73 Sem Fixation: Percent Uncemented 160 338 351 B. I have not tried i and don't plan to not of inc 78 225 63 Sem Fixation: Percent Uncemented 110 301 351 351 B. Tayse generative approach 16 338 351 C. Start-Sta uncemented 212 603 301 D. 13 + 495% uncemented 4 175 44 Uncemented Stem Fixation 4 175 45 C. Extensively coated 7 225 643 301 C. Extensively coated 7 225 643 301 C. Constriked paralel side blade type 225 643 301 C. Extensively coated 7 225 76 301 <td></td> <td>patients.</td> <td>101</td> <td>100/</td> <td>200</td>		patients.	101	100/	200
B Anterolateral 1 9 C. Direct Anterior 12 43 Direct Anterior Approach 1 10 3 13 Direct Anterior Approach 1 10 3 13 Direct Anterior Approach 1 10 3 13 Direct Anterior Sector 10 3 13 351 Stem Fixation: Percent Uncemented 10 13 400 33 351 C. GRO-748 uncemented 15 48 49 400	Favored Operative Approach	A. Posterior	164	46%	360
C Direct Anterior Approach 162 4.35 Direct Anterior Approach 1. have not tried it and don't plains about it. 3 3.13 Direct Anterior Approach 4. have not tried it and don't plains about it. 3 3.25 Direct Anterior Approach 1.0 30 535 535 Direct Anterior Approach 1.0 30 535 535 Direct Anterior Approach 1.0 30 3.13 31		B. Anterolateral	31	9%	
Direct Anterior Approach 1.1 have not tried it huar and don't plan it. 28 37. Direct Anterior Approach 1.1 have not tried it huar and trinking about it. 28 67. Stem Fixation: Percent Uncemented 1.1 more or tring it huar and trinking about it. 28 67. Stem Fixation: Percent Uncemented 1.3 more of my patients now. 163 337. Outcomented Stem Fixation 4 1.3 more of my patients now. 163 36. Outcomented Stem Fixation 4 1.3 more of my patients now. 163 36. Outcomented Stem Fixation 4 1.3 more of my patients now. 163 36. Cemented Stem Fixation 4 1.3 more of my patients now. 163 36. Cemented Stem Fixation 2.5 more of my patients now. 163 36. 30. Cemented Stem Fixation - In a patient over 80: 8. Polished tapered collarless 114 35. Cemented Stem Fixation - In a patient over 80: 8. Crosslinked PF on ty 38 32. 36. Ceramic Stem Fixation - In a patient over 70, how often do the time 9.00% off the time 2.0 more off the time 36. 36. Steff Stem Fixation - In a patient		C. Direct Anterior	162	45%	
Direct Amenor Approach A. I have not tried it and don't pain 10 38 1.2 5.31 B. I have not tried it and don't pain 10 38 1.2 5.31 C. I tried it have not tried it and don't pain 10 38 22.5 D. I am doing DA in some of my patients now. 13 53 Stem Fixation: Percent Uncemented 116 333 31 D. See See Simemented 13 43 34 D. See See Simemented 13 43 34 Discourse See Sime Sime Sime Sime Sime Sime Sime	Direct Antonio Annua di	D. Two Incision of Some Type	3	1%	251
E. I have not the it but an tinning about it. 27 55 C. I tried it but have not continued to ob it. 78 22 Stem Fixation: Percent Uncemented 116 33 351 B. 75%-95% uncemented 120 605 351 D. 1%-49% uncemented 4 15 43 D. 1%-49% uncemented 4 15 43 D. 1%-49% uncemented 4 15 43 Uncemented Stem Fixation 4 15 43 Cenented Stem Fixation A Dual tapered wedge 22 645 349 Cenented Stem Fixation A Collaret composite bean 216 655 320 Cenented Stem Fixation - In a patient over 80: A Routinely use cenented stem (>90%) 67 183 363 Bearings I Use C Routinely use uncemented stem (>90%) 67 183 363 Ceramic Femoral Heads - With a FE bearing, how often do A D006 of the time 207 565 367 You use a ceramic/ceramiczed femoral head? A Hear time 113 115 325 363 Ceramic Femoral Heads - With a FE bearing, how often do A 100% of the time	Direct Anterior Approach	A. I have not tried it and don't plan to	58	17%	351
Stem Fixation: Percent Uncemented 1 in adoing DA in some of my patients now. 193 555 Stem Fixation: Percent Uncemented 1.1 am doing DA in some of my patients now. 193 554 Stem Fixation: Percent Uncemented 1.1 am doing DA in some of my patients now. 193 554 Uncemented 1.1 am doing DA in some of my patients now. 193 554 Uncemented Stem Fixation 4 132 482 Uncemented Stem Fixation 1.4 aps uncemented 1.4 1.3 Cemented Stem Fixation 2.5 6.5 3.4 Cemented Stem Fixation - In a patient over 80: 8. Routinely use cemented stems (>900X) 158 4.8 Cemented Stem Fixation - In a patient over 80: 8. Routinely use curcemented stems (>900X) 158 4.8 Ceramic Femoral Heads - With a PE boaring, how often do A. 100% of the time 2.0 568 367 you use a ceramic/ceramicized femoral head? 7. 2.5 7.8 363 Ceramic Femoral Heads - With a PE boaring, how often do A. 100% of the time 2.0 568 367 you use a ceramic/ceramicized femoral head? <		B. I nave not tried it but am thinking about it.	22	Ь%	
b.1 am doing UA in some of my patients now. 193 55% Sem Fixation: Percent Uncemented 116 33% 351 B 75%-95% uncemented 12 60% D.1%-45% uncemented 15 4% D.1%-45% uncemented 4 13% D.1%-45% uncemented 4 13% Uncemented Stem Fixation 4 13% A Dual tapered avelage 25 64% D.1%-45% uncemented 7 28% Cemented Stem Fixation 25 7% Cemented Stem Fixation - In a patient over 80° A Collared composite beam 216 65% Cemented Stem Fixation - In a patient over 80° A Routinely use cremented stems (>90%) 158 44% Bearings 1 Use Cemented stem (>90%) 158 44% D.18-25% of the time 20 65% 367 you use a ceramic/ceramiczed femoral head? 118 358 368 Ceramic Femoral Heads - With a PE bearing, how often do A 100% of the time 200 56% 367 you use a ceramic/ceramiczed femoral h		C. I tried it but have not continued to do it.	/8	22%	
stem rixation: rereent uncemented A 100z uncemented 116 332 351 B 75%-99X uncemented 15 6% C 50%-74X uncemented 4 132 Uncemented Stem Fixation 4 132 Uncemented Stem Fixation 5 643 349 Extensively coated 7 225 643 349 Cemented Stem Fixation 25 737 363 363 Cemented Stem Fixation 14 353 363 Cemented Stem Fixation - In a patient over 80: Collared composite beam 216 653 330 Cemented Stem Fixation - In a patient over 80: Collared composite beam 114 353 363 Cemented Stem Fixation - In a patient over 80: Collared composite beam 206 844 363 Cemented Stem Fixation - In a patient over 80: Collared composite beam 308 924 368 Ceramic Femoral Heads - With a PE bearing, how often do A 1005 of the time 207 565 367 you use a ceramic/ceramiczed femoral head? C 25%-49% of the time 20 565 360 you use a ceramic/ceramiczed femora		D. I am doing DA in some of my patients now.	193	55%	054
B, 758-995 incremented 12 603 Uncemented Stem Fixation 4 13 Uncemented Stem Fixation A Dual tapered wedge 225 643 B Tapered parallel sided black type 92 265 C Extensively coated 7 23 Cemented Stem Fixation A Collared composite beam 216 653 310 B Topered parallel sided black type 92 665 314 353 Cemented Stem Fixation - In a patient over 80: A Collared composite beam 216 653 310 B Lose comented stems (>90%) 158 445 363 363 Ceramic Femoral Heads - With a PE bearing, how often de A Consilinked PE only 388 922 368 Ceramic Femoral Heads - With a PE bearing, how often de A 100% of the time 30 383 367 you use a ceramic/ceramicized femoral head? B 505-99% of the time 30 367 367 you use a ceramic/ceramicized femoral head? D 13-25% of the time 30 88 325 craramic Femoral Heads - In a patient over 70, how off	Stem Fixation: Percent Uncemented	A. 100% uncemented	116	33%	351
C 50%-74% uncemented (15) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5		B. 75%-99% uncemented	212	60%	
D. 13.4% uncemented 4 13 Uncemented Stem Fixation A Dual tapered wedge 225 64% 34 Uncemented Stem Fixation A Dual tapered wedge 225 7% Cemented Stem Fixation A Collared composite beam 25 7% Cemented Stem Fixation A Collared composite beam 26 65% 30 Cemented Stem Fixation - In a patient over 80: A Routinely use cemented stems (>90%) 67 188 383 Cemented Stem Fixation - In a patient over 80: A Consolined Stem Sixos (0.10%) 138 928 368 Bearings IUse Cassilized PE only 38 928 368 367 gearings IUse A 100% of the time 207 56% 367 you use a ceramic/ceramicized femoral head? E S05%-99% of the time 114 43 338 gearings IUse A 100% of the time 203 56% 367 you use a ceramic/ceramin/ceramic/ceramic/ceramic/ceramic/ceramin/ceramic/cera		C. 50%-74% uncemented	15	4%	
Levere, Laways cement, 4 A 13 Locemented Stem Fixation A Dual tapered wedge 25 64% 349 B. Tapered parallel side blade type 92 25% C. Extensively coated 7 22 cemented Stem Fixation 25 7% Cemented Stem Fixation - In a patient over 80: A Collared composite beam 114 35% Cemented Stem Fixation - In a patient over 80: A Collared composite beam 500%) 138 348 Cemented Stem Fixation - In a patient over 80: B Usie cemented stems (>00%) 138 348 Cemented Stem Fixation - In a patient over 80: A Routinely use cemented stems (>00%) 138 348 Earlings I Use Cancented stems some of the time (10-90%) 138 348 Ceramic Femoral Heads - With a PE bearing, how often do you use a ceramic/ceramicized femoral head? A 10% of the time 207 56% 367 Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? A 10% of the time 203 56% 360 Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? B 50%-99% of the time 203 56% 360 E Never 7 72% Ceramic Femoral Heads - In a patient over 70, how often do A 100% of the time 203 56% 360 E Never 27 208 359 Dual Mobility - Are you using a dual mobility construct in any primary cases? 150 42% C 3%-49% of the time 8 2% C 3%-49% of the time 30 38% E Never 32 9% D 11%-50% 16 34 B No 344 95% Wound Closure - My standard wound closure for primary THA is: A Subcuticular alone/dry dressing. 361 17% E Noture 196 3140 45% DVT Prophylaxis for THA A Subcuticular plus state/sing/ dressing. 361 17% E Subcuticular plus state/sing/ dressing. 361 17% E Subcuticular plus state/sing/ dressing. 363 376 B Aspirit = mechanical 100 33% C Subcuticular plus state/sing/ dressing. 361 17% E Subcuticular plus state/sing/ dressing. 361 17% E Subcuticular plus state/sing/ dressing. 361 17% B Aspirit = mechanical 100 33% C Subcuticular plus state/sing/ dressing. 361 376 B Aspirit = mechanical 100 33% C Subcuticular plus state/sing/ dressing. 361 376 B Aspirit = mechanical 100 33% C Subcuticular plus state/s		D. 1%-49% uncemented	4	1%	
Uncemented Stem Fixation A. Dual tapered wedge 225 64% 349 B. Tapered parallel sided blade type 22 26% Cemented Stem Fixation 7 25 Cemented Stem Fixation A. Collared composite beam 216 65% 330 B. Polished Lapered collaries 114 35% 363 Cemented Stem Fixation - In a patient over 80: A. Routinely use comented stems (590%) 67 18% 363 Bearings I Use A. Consinited FE or Ceranic on-Ceramic 30 8% 367 Start Femoral Heads - With a PE bearing, how often do A. 100% of the time 207 56% 367 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 14 43% You use a ceramic/ceramicized femoral head? B. 50%-99% of the time 24% 360 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 30 8% D 13*-25% of the time 20 35% 360 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 8 22% D 13*-25% of the time 30 8% 357 Dual Mobility - Are yo		E. Never, I always cement.	4	1%	
B. Tapered parallel stude blade type 92 26% C. Extensively coated 7 22 Cemented Stem Fixation 25 7% Cemented Stem Fixation - In a patient over 80: 8. Oblished tapered collarless 114 35% Cemented Stem Fixation - In a patient over 80: A. Routinely use cremented stems (>90%) 138 38% Cemented Stem Fixation - In a patient over 80: A. Constinked PE only 38 92% 368 Bearings I Use A. Constinked PE only 38 92% 368 B. constinked PE on only 38 92% 368 you use a ceramic/ceramicized femoral head? A. 100% of the time 207 56% 367 You use a ceramic/ceramicized femoral head? B. 50%-99% of the time 14 44 44 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 20 368 360 Data Mobility - Are you using a dual mobility construct in any primary cases? R. 50% 99% of the time 20 36% 361 Dual Mobility - Are you using a dual mobility construct in a New restructure and set space for the sing of the time 23 35% Dual not numely use drain after THA:	Uncemented Stem Fixation	A. Dual tapered wedge	225	64%	349
C Extensively carded 7 2% Cemented Stem Fixation 216 5% 330 B Polished tapered collarless 114 3% 363 Cemented Stem Fixation - In a patient over 80: A Routinely use cemented stems (>90%) 67 18% 363 B Use cemented stems (>90%) 158 44% 38% 363 Bearings I Use A Consilned PE only 338 92% 368 Ceramic Femoral Heads - With a PE bearing, how often do A. 100% of the time 207 56% 367 you use a ceramic/ceramicized femoral head? 6 50%-99% of the time 114 4% D 1%-25% of the time 14 4% 4% 4% 4% you use a ceramic/ceramicized femoral head? 6 50%-99% of the time 144 4% D 1%-25% of the time 14 4% 4% 4% 4% you use a ceramic/ceramicized femoral head? 8 50%-99% of the time 146 4% D 1%-24% of the time 8 50% 9% 16 4% Dual Mobility - Are you using a dual mobility construct in any primary cases? A. Never <td></td> <td>B. Tapered parallel sided blade type</td> <td>92</td> <td>26%</td> <td></td>		B. Tapered parallel sided blade type	92	26%	
Cemented Stem Fixation 26 7% Cemented Stem Fixation 216 65% 330 B polished tapered collarless 114 35% Cemented Stem Fixation - In a patient over 80: A Routined Stems (>90%) 138 38% Cemented Stem Sixation - In a patient over 80: A Routined Stem (>90%) 138 38% Bearings I Use Cacadity use uncemented stems (>90%) 138 38% Ceramic Femoral Heads - With a PE bearing, how often do A (00% of the time 30 8% Ceramic Femoral Heads - With a PE bearing, how often do A (00% of the time 207 56% 367 You use a ceramic/ceramicized femoral head? B 50%-99% of the time 14 4% D W-25% of the time 14 4% 16%		C. Extensively coated	7	2%	
Cernented Stem Fixation A. Collared composite beam 216 65% 330 Enveloped ta tapered collarless 114 35% Cemented Stem Fixation - In a patient over 80: A. Routinely use cemented stems (>90%) 138 38% Cenarings I Use C. Routinely use uncemented stems (>90%) 138 44% Bearings I Use A. Crosslinked PE or Ceramic-on-Ceramic 30 8% Ceramic Femoral Heads - With a PE bearing, how often do A. 100% of the time 114 31% you use a ceramic/ceramicized femoral head? E. 50%-93% of the time 114 31% D. 1% 25% of the time 14 4% 114 31% Ceramic Femoral Heads - In a patient over 70, how often do A. 100% of the time 203 56% 360 you use a ceramic/ceramicized femoral head? E. S0%-93% of the time 8 2% 360 you use a dual mobility construct in A. Never 72 20% 359 Datal Mobility - Are you using a dual mobility construct in B. Rare, selected problem cases, less than 2% 150 42% Drain - 1 outinely use drain after THA: <t< td=""><td></td><td>D. Short stem</td><td>25</td><td>7%</td><td></td></t<>		D. Short stem	25	7%	
Cemented Stem Fixation - In a patient over 80: A Routineld stems (>90%) 67 18% 363 Campeted Stem Fixation - In a patient over 80: A Routineld stems some of the time (10-90%) 158 44% Bearings I Use A crosslinked PE only 338 92% 368 Ceramic Femoral Heads - With a PE bearing, how often do you use a ceramic/ceramicized femoral head? A crosslinked PE or Ceramic-on-Ceramic 30 8% Ceramic Femoral Heads - With a PE bearing, how often do you use a ceramic/ceramicized femoral head? A crosslinked PE or Ceramic-on-Ceramic 14 43% D 1%-25% of the time 14 4% 367 367 you use a ceramic/ceramicized femoral head? C 25%-49% of the time 14 4% D 1%-25% of the time 14 4% 360 you use a ceramic/ceramicized femoral head? A 100% of the time 20 366 1% OUP object of the time 80 30 8% 361 you use a ceramic/ceramicized femoral head? A Never 72 20% 359 D tal Mobility - Are you using a dual mobility construct in an are, selected problem cases, less than 2% 150 42% <td>Cemented Stem Fixation</td> <td>A. Collared composite beam</td> <td>216</td> <td>65%</td> <td>330</td>	Cemented Stem Fixation	A. Collared composite beam	216	65%	330
Cernented stem Fixation - in a patient over SU: A. Routinely use cremented stems some of the time (10-90%) 158 383 Bearings I Use C. Routinely use uncernented stem (>90%) 158 44% Bearings I Use A. Crosslinked PE only 338 92% 366 Ceramic Femoral Heads - With a PE bearing, how often do A. 100% of the time 207 56% 367 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 14 41% 47% Ceramic Femoral Heads - In a patient over 70, how often do A. 100% of the time 203 56% 360 you use a ceramic/ceramicized femoral head? A. 100% of the time 203 56% 360 you use a ceramic/ceramicized femoral head? A. 100% of the time 8 28 26% 360 publity - Are you using a dual mobility construct in A. Never 72 20% 359 359 Data Mobility - Are you using a dual mobility construct in A. Never 72 20% 359 Data Mobility - Are you using a dual mobility construct in A. Never 72 20% 359 Darin - 1 routinely use drain after THA: <t< td=""><td></td><td>B. Polished tapered collarless</td><td>114</td><td>35%</td><td>262</td></t<>		B. Polished tapered collarless	114	35%	262
B Use cemented stem some of the time (10-90%) 138 388 C. Routinely use uncemented stem (>90%) 158 444 Bearings I Use A. Crosslinked PE only 338 92% 368 Ceramic Femoral Heads - With a PE bearing, how often do you use a ceramic/ceramicized femoral head? A. 100% of the time 207 56% 367 Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? A. 500% of the time 203 56% 360 Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? A. 100% of the time 203 56% 360 Dual Mobility - Are you using a dual mobility construct in any primary cases? A. Never 72 20% 256 Drain - I routinely use drain after THA: A. Yees 17 5% 361 Drain - I routinely use drain after THA: A. Yees 17 5% 361 Drain - I routinely use drain after THA: A. Yees 17 5% 361 Drain - I routinely use drain after THA: A. Yees 17 5% 361 Drain - I routinely use drain after THA: A	Cemented Stem Fixation - In a patient over 80:	A. Routinely use cemented stems (>90%)	67	18%	363
C. Routinely use uncemented setm (>90%) 158 44% Bearings I Use A. Crosslinked PE only 338 92% 368 Ceramic Fenoral Heads - With a PE bearing, how often do A. 100% of the time 207 56% 367 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 114 31% 31% C. 25%-49% of the time C. 25%-49% of the time 7 2% 366 C. 25%-49% of the time 14 4% 4% 31% C. 25%-49% of the time 14 4% 366 you use a ceramic/ceramicized femoral head? R. Now of the time 87 24% you use a ceramic/ceramicized femoral head? Now of the time 88 2% Dual Mobility - Are you using a dual mobility construct in any primary cases? A Never 30 8% 357 Drain - 1 routinely use drain after THA: A Yes 16 4% 357 Drain - 1 routinely use drain after THA: A Subcuricular plus staples/dry dressing. 36 10% Drain - 1 routinely use drain after THA: A Subcuricular plus glue/dry dressing.		B. Use cemented stems some of the time (10-90%)	138	38%	
Bearing 1 Use A. Crossiniked PE only 338 9.2% 308 Bc crassliked PE only B. Crossiniked PE only 30 8% Ceramic Femoral Heads - With a PE bearing, how often do you use a ceramic/ceramicized femoral head? A. 100% of the time 207 56% 367 Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 203 56% 360 So Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? A. 100% of the time 203 56% 360 D 1%-25% of the time 8 2% 24% 359 360 Dual Mobility - Are you using a dual mobility construct in any primary cases? A. Never 72 208 359 D 1%-26% of the time 38 8 357 361 361 361 Drain - 1 routinely use drain after THA: A. Yes 17 5% 361 B. Nocuticular alone/dry dressing, 61 17% 361 DVT Prophylaxis for THA A. Subcuticular alone/dry dressing, 61 17% DVT Prophylaxis for THA A. Subcuticular plus glue/occlusive dressing, 28 64% </td <td>- · · · · ·</td> <td>C. Routinely use uncemented stem (>90%)</td> <td>158</td> <td>44%</td> <td></td>	- · · · · ·	C. Routinely use uncemented stem (>90%)	158	44%	
Ceramic Femoral Heads - With a PE bearing, how often do you use a ceramic/ceramicized femoral head? A 100% of the time 207 56% 367 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 14 31% 14 31% C. 25%-49% of the time 14 4% 16 17 16 16 17 16 16 17 17 17 <td>Bearings I Use</td> <td>A. Crosslinked PE only</td> <td>338</td> <td>92%</td> <td>368</td>	Bearings I Use	A. Crosslinked PE only	338	92%	368
Certainic remoral Heads - with a Pt bearing, now often do A. 100x of the time 207 56% 367 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 114 31% 4% C. 25%-49% of the time 14 4% 11% 25 7% Ceramic Femoral Heads - In a patient over 70, how often do A. 100% of the time 203 56% 360 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 8 2% 30 8% Dual Mobility - Are you using a dual mobility construct in any primary cases? A. Never 72 20% 359 Data - 1 routinely use drain after THA: A. Never 72 20% 359 B No 11%-25% 98 88 357 THA is: C rester than 50% 92 26% 357 Wound Closure - My standard wound closure for primary A Subcuticular plus glue/dry dressing. 61 17% DVT Prophylaxis for THA A. Kechanical alone 0 0% 366 B. Aspirin ± mechanical 10 3% 2% 361 <	Converte Frances I Hands - Mitch a DF handland have store do	B. Crossinked PE or Ceramic-on-Ceramic	30	8%	267
you use a certaint/certaintized relation head? b. 50x-39% of the time 114 31x Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? A. 100% of the time 20 56% 360 Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 87 24% C. 25%-49% of the time 80 28% 29% Dual Mobility - Are you using a dual mobility construct in any primary cases? Never 32 9% C 3%-10% 92 26% 359 Dual Mobility - Are you using a dual mobility construct in any primary cases? Never 32 9% C 3%-10% 92 26% 359 361 Drain - I routinely use drain after THA: A. Yes 17 5% 361 B No 344 95% 344 95% Wound Closure - My standard wound closure for primary A. Subcuticular alone/dry dressing. 28 8% 357 THA is: C Subcuticular plus glue/dry dressing. 36 10% 41% 41% DVT Prophylaxis for THA A. Mechanical alone 0 0% 366	Certainic remoral Heads - with a PE bearing, now often do	A. 100% of the time	207	20%	307
C 25A-95X of the time 14 4A D 1%-25X of the time 25 7% E. Never 7 28 Ceramic Femoral Heads - In a patient over 70, how often do A. 100% of the time 203 56% 360 you use a ceramic/ceramicized femoral head? E. S0%-99% of the time 8 2% C 25%-49% of the time 8 2% Dual Mobility - Are you using a dual mobility construct in any primary cases? A. Never 72 20% 359 B. Rare, selected problem cases, less than 2% 150 42% 42% Dual Mobility - Are you using a dual mobility construct in any primary cases? B. Rare, selected problem cases, less than 2% 150 42% Drain - I routinely use drain after THA: A. Yes 16 4% Wound Closure - My standard wound closure for primary A. Subcuticular alone/dry dressing, 61 17% THA is: Subcuticular plus glue/dry dressing, 36 10% DVT Prophylaxis for THA A. Mechanical alone 0 0% 366 B. Aspirin ± mechanical 10 3% 28 64% DVT Prophylaxis for THA A. Mechanical alone	you use a ceramic/ceramicized femoral head?	B. 50%-99% of the time	114	31%	
D. 1x-25x for the time 25 7% Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head? A. 100% of the time 203 56% 360 You use a ceramic/ceramicized femoral head? B. 50%-99% of the time 8 2% 24% D. 1%-24% of the time 30 8% 2% 359 Dual Mobility - Are you using a dual mobility construct in any primary cases? A. Never 72 20% 359 Drain - I routinely use drain after THA: A. Yes 150 42% Drain - I routinely use drain after THA: A. Yes 17 5% 361 B. No 344 95% 16 4% Outout Closure - My standard wound closure for primary THA is: A. Subcuticular plus staples/dry dressing. 61 17% D. Subcuticular plus glue/dry dressing. 36 10% 366 366 B. Aspirin ± mechanical 10 3% 361 366 OVT Prophylaxis for THA A. Mechanical alone 0 0% 366 B. Aspirin ± mechanical 10 3%		C. 25% -49% of the time	14	4%	
Ceramic Femoral Heads - In a patient over 70, how often do you use a ceramic/ceramicized femoral head?A. 100% of the time20355%360you use a ceramic/ceramicized femoral head?B. 50%-99% of the time824%26%298%26% <td< td=""><td></td><td>D. 1%-25% of the time</td><td>25</td><td>7%</td><td></td></td<>		D. 1%-25% of the time	25	7%	
Certamic remoral heads - in a patient over 70, how orten do A. 100% or the time 203 56% 360 you use a ceramic/ceramicized femoral head? B. 50%-99% of the time 8 24% 24% Dual Mobility - Are you using a dual mobility construct in A. Never 32 9% 359 Dual Mobility - Are you using a dual mobility construct in A. Never 72 20% 359 any primary cases? B. Rare, selected problem cases, less than 2% 150 42% 150 42% Drain - I routinely use drain after THA: A. Yes 16 4% 16 4% 17 5% 361 B. No B. No 344 95% 16 4% 17 5% 361 Dvound Closure - My standard wound closure for primary A. Subcuticular plus glue/dyt dressing, 61 17% 16 4% 17 5% 357 DVT Prophylaxis for THA A. Mechanical alone 0 0% 366 366 366 366 366 366 366 366 366 36 366	Constitution of the state of th	E. Never	202	2%	200
you use a certainit/certainitity 6.3 24% C 25%-49% of the time 30 8% Dual Mobility - Are you using a dual mobility construct in any primary cases? A. Never 72 20% 359 any primary cases? B. Rare, selected problem cases, less than 2% 150 42% C 3%-10% 92 26% Drain - I routinely use drain after THA: A. Yees 16 4% Wound Closure - My standard wound closure for primary A. Subcuticular alone/dry dressing. 28 8% 357 THA is: B. Subcuticular plus staples/dry dressing. 61 17% 56 DVT Prophylaxis for THA A. Mechanical alone 0 0% 366 B. Aspirin ± mechanical 10 3% 3% D. Cumadin ± mechanical 10 3% 3% DVT Prophylaxis for THA A. O% - don't do them 102	Ceramic Femoral Heads - In a patient over 70, now often do	A. 100% of the time	203	56%	360
Dual Mobility - Are you using a dual mobility construct in any primary cases? Dual Mobility - Are you using a dual mobility construct in any primary cases? B. Rare, selected problem cases, less than 2% C. 3%-10% D. 11%-50% E. Greater than 50% D. Counadin plus glue/dry dressing. D. Counadin plus finition plus diversional vac. E. Or of Factor Xa inhibitor \pm mechanical D. Counadin \pm Coulf Factor Xa inhibitor \pm mechanical D. Counadin \pm mec	you use a ceramic/ceramicized lemoral nead?	B. 50%-99% of the time	8/	24%	
D. 18-24% of the time b. 18-24% of time b. 18-24% of the time b. 18-24% of the time b. 18-24% of the time b. 18-24% of time b. 18-24\% of t		C. 25 %-49% of the time	8	Z%	
Dual Mobility - Are you using a dual mobility construct in any primary cases?A. Never7220%359B. Rare, selected problem cases, less than 2%15042%5042%C. 3%-10%9226%5011%-50%9226%D. 11%-50%298%50505050Drain - I routinely use drain after THA:A. Yes175%361B. No34495%50505050Wound Closure - My standard wound closure for primaryA. Subcuticular alone/dry dressing.6117%57THA is:B. Subcuticular plus staples/dry dressing.6117%56DVT Prophylaxis for THAB. Agpirin ± mechanical alone00%366B. Aspirin ± mechanical103%5756D. Coumadin ± mechanical103%5756D. Coumadin ± mechanical103%5656D. Coumadin ± mechanical1028%361361D. Coumadin ± mechanical1028%361361D. Coumadin ± mechanical1028%361361D. Coumadin ± mechanical1028%361361D. Coumadin ± mechanical1028% </td <td></td> <td>D. 1%-24% of the time</td> <td>30</td> <td>8%</td> <td></td>		D. 1%-24% of the time	30	8%	
Dual Mobility - Are you using a dual mobility construct in any primary cases?A. Never7220%359any primary cases?B. Rare, selected problem cases, less than 2%15042%C 3%-10%9226%D rain - I routinely use drain after THA:A. Yes164%B. No34495%Wound Closure - My standard wound closure for primary THA is:A. Subcuticular alone/dry dressing.288%357D. Subcuticular plus glue/dry dressing.6117%5%361D. Subcuticular plus glue/dry dressing.2864%64%D. Subcuticular plus glue/dry dressing.2864%64%D. Subcuticular plus glue/dry dressing.2864%64%DVT Prophylaxis for THAA. Mechanical alone00%366B. Aspirin ± mechanical34695%6117%Dutpatient THA - If you do outpatient THA, what % of THAA. 0% - don't do them10228%361practice?B. 1%-25%16145%6161%	Dual Mahilita Ana way wing a dual mahilita anatawat in	E. Never	32	9%	250
and primary cases?B. Ref. selected problem cases, less than 2%15042%C. 3%-10%9226%D. 11%-50%298%E. Greater than 50%164%Drain - I routinely use drain after THA:A. Yes175%361B. No34495%357361Wound Closure - My standard wound closure for primaryA. Subcuticular alone/dry dressing.288%357THA is:B. Subcutticular plus staples/dry dressing.6117%36610%DVT Prophylaxis for THAA. Mechanical alone00%366B. Asprin ± mechanical34695%3613%Outpatient THA - If you do outpatient THA, what % of THAA. 0% - don't do them10228%361B. 1%-25%16142%45%361361	Dual Mobility - Are you using a dual mobility construct in	A. Never	150	20%	359
C. 3#10%92928%D. 11%-50%298%E. Greater than 50%164%Drain - I routinely use drain after THA:A. Yes175%B. No34495%Wound Closure - My standard wound closure for primaryA. Subcuticular alone/dry dressing.288%357THA is:B. Subcuticular plus staples/dry dressing.6117%5%361D. Subcuticular plus glue/dry dressing.3610%34495%DVT Prophylaxis for THAA. Mechanical alone00%366B. Apprint ± mechanical34695%366346D. Coumadin ± mechanical10%366366D. Coumadin ± mechanical10%366366B. No8. 0% - don't do them10228%361Outpatient THA - If you do outpatient THA, what % of THAA. 0% - don't do them10228%361B. 1%-25%16145%361361366	any primary cases?	B. Rare, selected problem cases, less than 2%	150	42%	
Drain - I routinely use drain after THA: Drain - I routinely use drain after THA: A. Yes B. No A. Subcuticular alone/dry dressing. D. Subcuticular plus staples/dry dressing. D. Subcuticular plus glue/dry dressing. D. Subcuticular plus mechanical alone B. Aspirin ± mechanical D. Coumadin ± mechanical D. Subcuti dressing. D. Subcuticular plus glue/dry dressing. D. Subcuticular plus glue/dry dressing. D. Coumadin ± mechanical D. Subcuti dressing. D. Subcuticular plus glue/dry dressing. D. Subcuticular plus glue/dry dressing. D. Coumadin ± mechanical D. Coumadin ± me		C. 3%-10%	92	20%	
Drain - I routinely use drain after THA: Drain - I routinely use drain after THA: No Wound Closure - My standard wound closure for primary THA is: D. Subcuticular plus staples/dry dressing. C. Subcuticular plus staples/dry dressing. D. Subcuticular plus glue/occlusive dressing. D. Subcuticular plus incisional vac. A. Mechanical alone M. Mechanical alone D. Coumadin ± mechanical D. Coumadin ± mechanical D. Coumadin ± mechanical D. Coumadin ± mechanical E. Oral Factor Xa inhibitor ± mechanical Practice? B. 1%-25% D. 14 D. 28% D. 2		D. 11/0-30/0 E. Croator than 50%	29 16	0% 1%	
Dram - Froundely use dramater FRA.A. fes175%361B. No34495%Wound Closure - My standard wound closure for primary THA is:A. Subcuticular alone/dry dressing.288%357C. Subcuticular plus staples/dry dressing.6117%10%10%DVT Prophylaxis for THAC. Subcuticular plus glue/occlusive dressing.22864%DVT Prophylaxis for THAA. Mechanical alone00%366B. Aspirin ± mechanical103%10%D. Coumadin ± mechanical10%10%Dutpatient THA - If you do outpatient THA, what % of THAA. 0% - don't do them10228%361B. 1%-25%16145%45%361	Drain I routingly use drain after TIIA:	L. GICALEI HIAH DU%	10	4% 5%	261
NU34495%Wound Closure - My standard wound closure for primary THA is:A. Subcuticular plus staples/dry dressing.288%357THA is:B. Subcuticular plus staples/dry dressing.6117%10%10%D. Subcuticular plus glue/dry dressing.2864%16%16%DVT Prophylaxis for THAA. Mechanical alone00%366B. Aspirin ± mechanical34695%16%16%D. Coumadin ± mechanical10%10%16%Dutpatient THA - If you do outpatient THA, what % of THAA. 0% - don't do them10228%361B. 1%-25%16145%16116%16%	Drain - Houthery use utalli aller IRA:	P. No	2//	3% 05%	100
THA is: B. Subcuticular alone/dry dressing. 28 8% 357 THA is: B. Subcuticular plus staples/dry dressing. 61 17% C. Subcuticular plus glue/dry dressing. 36 10% DVT Prophylaxis for THA A. Mechanical alone 0 0% B. Subcuticular plus incisional vac. 4 1% DVT Prophylaxis for THA A. Mechanical alone 0 0% DVT Prophylaxis for THA C. LMWH ± mechanical 346 95% D. Coumadin ± mechanical 1 0% D. Coumadin ± mechanical 1 0% E. Oral Factor Xa inhibitor ± mechanical 9 2% Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 102 28% 361 B. 1%-25% 161 45% 45%	Wound Closura My standard wound closura for primary	D. NU A. Subcuticular along/dry drossing	244 20	93%	257
THATS. b. subcutcular plus stappes/dry dressing. b1 17% C. Subcuticular plus glue/dry dressing. 36 10% D. Subcuticular plus glue/occlusive dressing. 228 64% E. Subcuticular plus glue/occlusive dressing. 24 1% DVT Prophylaxis for THA A. Mechanical alone 0 0% B. Aspirin ± mechanical 346 95% C. LMWH ± mechanical 10 3% D. Coumadin ± mechanical 1 0% E. Oral Factor Xa inhibitor ± mechanical 9 2% Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 102 28% 361 B. 1%-25% 161 45% 45% 45%	TUA in	A. Subcuticular alone/ury dressing.	2ð 61	0% 17%	221
DVT Prophylaxis for THAD. Subcuticular plus glue/occlusive dressing.3610%DVT Prophylaxis for THAE. Subcuticular plus incisional vac.41%DVT Prophylaxis for THAA. Mechanical alone00%366B. Aspirin ± mechanical34695%100%366D. Coumadin ± mechanical103%10%10%Dutpatient THA - If you do outpatient THA, what % of THAA. 0% - don't do them10228%361practice?18. 1%-25%16145%10%10%	111A IS.	D. Subcuticular plus staples/ufy diessing.	26	10%	
DVT Prophylaxis for THA E. Subcuticular plus glue/occlusive dressing. 228 64% DVT Prophylaxis for THA F. Subcuticular plus incisional vac. 4 1% DVT Prophylaxis for THA A. Mechanical alone 0 0% 366 B. Aspirin ± mechanical 346 95% 5% C. LMWH ± mechanical 10 3% D. Coumadin ± mechanical 1 0% E. Oral Factor Xa inhibitor ± mechanical 9 2% Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 102 28% 361 practice? B. 1%-25% 161 45%		C. Subcuticular plus glue/org/usive dressing.	0C 220	10% 64%	
DVT Prophylaxis for THA A. Mechanical alone 0 0% 366 B. Aspirin ± mechanical 10 3% C. LMWH ± mechanical 10 3% D. Coumadin ± mechanical 1 0% E. Oral Factor Xa inhibitor ± mechanical 9 2% Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 102 28% 361 practice? B. 1%-25% 161 45%		F. Subcuticular plus grac/occlusive diessing.	220 A	1%	
Outpatient THA - If you do outpatient THA, what % of THA A. We trained at other 0 0% 366 B. Aspirin ± mechanical 10 3% C. LMWH ± mechanical 10 3% D. Coumadin ± mechanical 1 0% E. Oral Factor Xa inhibitor ± mechanical 9 2% Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 102 28% 361 B. 1%-25% 161 45%	DVT Prophylaxic for THA	A Machanical along	4	1/0	266
b. Aspiring ± mechanical 346 95% C. LMWH ± mechanical 10 3% D. Coumadin ± mechanical 1 0% E. Oral Factor Xa inhibitor ± mechanical 9 2% Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 102 28% 361 practice? B. 1%-25% 161 45%	DVT Prophylaxis for THA	A. Iviecilaliical aloite B. Aspirin - moshapisal	0	0%	300
Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 100 3% Practice? B. 1%-25% 101 102 28%		D. ASPITIII \pm IIIeCIIdIIICdi	340	95%	
Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 102 28% 361 practice? B. 1%-25% 161 45%		C. LIVIVVH \pm IIIeChallical	10	3%	
Outpatient THA - If you do outpatient THA, what % of THA A. 0% - don't do them 102 28% 361 practice? B. 1%-25% 161 -		D. Couinadin \pm mechanical	I	U%	
practice? In You do outpatient ITA, what % of ITA A. 0% - don't do them 102 28% 361 B. 1%-25% 161 45%	Outpatiant THA If you do outpatient THA what % - 5 THA	E. Oral Factor Ad IIIIIDITOR \pm Mechanical	9	2%	261
practice? B. 1%-23% 161 45%	ourpatient THA - II you do outpatient THA, what % of THA	A. 0/6 - doiit do them P. 19, 259	102	28%	301
		D. 1/0-20%	101	43%	

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Appendix 1 (continued)

Poll Question	Poll Option	Count	Results	Total Votes
	C. 26%-50%	53	15%	
	D. 51%-75%	24	7%	
	E. >76%	21	6%	
Physical Therapy - When your patients get home after THA	A. Yes	236	65%	361
do you have them work with P1?	B. No	125	35%	250
Postop Activity Restrictions - After TIA.	B Avoid high impact activities (running jumping etc.)	278	23%	222
Unicompartmental Arthroplasty - Percent of Knees in My	A. Zero	91	25%	363
Own Personal Practice Getting Unis is:	B. 1%-9%	197	54%	303
Ũ	C. 10%-24%	62	17%	
	D. 25%-50%	12	3%	
	E. >50%	1	0%	
Bilateral Simultaneous TKA	A. Never	163	44%	370
	B. 1%-9%	184	50%	
	C. $10^{-25\%}$	20	5% 1%	
Tourniquet	A Always	88	24%	365
rounnquee	B. Always except vascular concerns	170	47%	505
	C. Only during exposure/cementation	58	16%	
	D. Not at all	49	13%	
Robotics - I use robotics in some of my TKAs:	A. Yes	126	34%	367
	B. No	241	66%	
Navigation - I use navigation for TKA:	A. Always or almost always	51	14%	364
	B. Selected complex cases	105	29%	
DC or CD. In most primary TKA second large	C. Never	208	57%	204
PS OF CR - III most primary TRA cases I use:	A. CK B. DS with post	92	25% 40%	304
	C Illtra congruent	87	40% 24%	
	D. Medial stabilized	41	11%	
Limb Alignment - For most TKA I aim for:	A. Neutral mechanical alignment	284	83%	342
-	B. "Kinematic" alignment	58	17%	
Implant Rotation - I choose femoral implant rotation:	A. Mostly from anatomic landmarks	228	65%	351
	B. Mostly by gap balancing	123	35%	
Implant Fixation - All Components Cemented	A. Always	205	58%	356
	B. ≥90%	63	18%	
	C. 50%-89%	5Z 26	10%	
Tibial Implant - Most cases:	A Modular fixed hearing metal-backed	322	91%	355
Tible Implette Wost cases.	B. Mobile bearing	30	8%	333
	C. Monoblock tibia	1	0%	
	D. All PE tibia	2	1%	
Obese Patient - In a TKA patient with BMI >40 I use:	A. My standard tibial component	123	38%	320
	B. I add a short stem to my standard tibial component	197	62%	
Young Patients - In a young patient my favored tibial	A. All PE	1	0%	340
component is:	6. Mobilo bearing tibia	294	80% 11%	
	D. Monoblock metal-backed tibia	59	2%	
Elderly Patients - In an elderly patient my favored tibial	A. All PE	16	5%	310
component is:	B. Modular metal-backed fixed bearing	274	88%	
	C. Mobile bearing tibia	20	6%	
	D. Monoblock metal-backed tibia	0	0%	
Bearing Surface	A. Conventional PE: always	30	9%	342
	B. Crosslinked PE: some of the time	26	8%	
Datalla Posurfacing	C. Crossilliked PE: always	280	84% 55%	250
ratella Resultacilig	B Resurface 90%-99%	79	23%	220
	C Resurface 10%-89%	50	14%	
	D. Resurface 1%-9%	22	6%	
	E. Never resurface	5	1%	
Antibiotics in Cement - For primary TKA:	A. Always	132	38%	350
	B. High risk patients only	146	42%	
	C. Never	72	21%	
CPM - I routinely use CPM post-op:	A. Yes	29	8%	353
Drain - I routinely use drains after TKA:	B. NU A. Ves	324 34	92%	340
brain - routinely use drains arter rivi.	B No	306	90%	540
Wound Closure - My standard wound closure for primary	A. Subcuticular alone/dry dressing	14	4%	346
TKA is:	B. Subcuticular plus staples/dry dressing	92	27%	
	C. Subcuticular plus glue/dry dressing	31	9%	
	D. Subcuticular plus glue/occlusive dressing	205	59%	
	E. Subcuticular plus incisional vac	4	1%	
Pain Management: TKA	A. Femoral nerve block	3	1%	341
	B. Adductor canal block	20	6% 22%	
	C. Fendluculdi Injection	//	23/0	

Appendix 1 (continued)

Poll Question	Poll Option	Count	Results	Total Votes
	D. Nerve block + periarticular injection	239	70%	
	E. None of the above	2	1%	
DVT Prophylaxis for TKA	A. Mechanical alone	0	0%	303
	B. Aspirin \pm mechanical	294	97%	
	C. LMWH ± mechanical	3	1%	
	D. Coumadin ± mechanical	0	0%	
	E. Oral Factor Xa inhibitor \pm mechanical	6	2%	
Outpatient TKA - If you do outpatient TKA, what % of TKA	A. 0% - don't do them	98	29%	343
practice?	B. 1%-25%	152	44%	
	C 26%-50%	50	15%	
	D. 51%-75%	19	6%	
	E. >76%	24	7%	
Physical Therapy - When your patients get home after TKA	A. Yes	320	96%	332
do you have them work with PT?	B. No	12	4%	
Postop Activity Restrictions - After TKA:	A. None whatsoever	56	16%	342
	B. Avoid high impact activities (running, jumping)	286	84%	
COVID has changed my same day/outpatient surgery	A. No change	146	46%	319
practice:	B. More same day/outpatient surgery	167	52%	
	C. Less same day/outpatient surgery	6	2%	
Are patients asking about robotic surgery? Do you think you	A. I get asked but it hasn't effected my volumes much	140	49%	283
are losing market share if you don't offer it?	B. Some effect but not enough to sway my approach	45	16%	
	C. Big effect but I am not changing	2	1%	
	D. Big effect and I may add robotics	11	4%	
	E. I am already doing robotics	85	30%	
For patients with BMI >40:	A. Do the arthroplasty if sufficient indications	124	43%	286
	B. Usually don't do it until lose weight (rigid cut-off)	162	57%	
Regardless of BMI "limit" in your practice, what is the	A. <40 BMI	37	11%	339
highest BMI patient you have done TJA on in the last year?	B. 40-45 BMI	126	37%	
	C. 46-50 BMI	98	29%	
	D. 51-60 BMI	55	16%	
	E. >60 BMI	23	7%	
Do you have a hard stop for smoking? Preop UTI Screening:	A. Hard stop and I test with Cotinine	94	29%	329
	B. Hard stop but I don't test	103	31%	
	C. No hard stop	132	40%	
	A. I don't routinely screen anymore	156	52%	300
	B. I screen, treat if positive but go ahead without delay	120	40%	
	C. I screen, and if positive cancel until fully treated	24	8%	
Irrigation in Primary THA/TKA: Antibiotics - If using Vanco or Clinda in non allergic patient:	A. I use dilute betadyne or some other antimicrobial irrigant on all	243	76%	321
	B. I use selectively for high risk	30	9%	
	C. I don't use it	48	15%	
	A. I add a second antibiotic to provide gm negative coverage (Cefazolin or aminoglycoside)	184	71%	259
	B. I do not add another antibiotic	75	29%	
My usual route of tranexamic acid administration is:	A. IV	283	92%	306
	B. Topical	11	4%	
Tranexamic acid exclusions?	C. Oral	12	4%	
	A. No one. I give it to all primaries.	236	71%	332
	B. Patients with arterial vascular disease	8	2%	
	C. Patients with high VTE risk.	41	12%	
	D. Patients with arterial disease or VTE hx (ie B and C)	47	14%	
Antibiotic Prophylaxis: Routine Patients - Dental	A. Abs for life for dental procedures	174	50%	351
Prophylaxis?	B. Abs for 1-2 y for dental procedures and indefinitely in high risk patients	177	50%	