



PATIENT-FACING REGISTRY REPORT

The role registries play in orthopaedic care

Contents

- 2** Foreword
- 3** The Who, What, Why of AAOS and Registries
- 4** AAOS Family of Registries
 - 5** American Joint Replacement Registry
 - 6** Shoulder & Elbow Registry
 - 8** Musculoskeletal Tumor Registry
 - 9** American Spine Registry
 - 11** Fracture & Trauma Registry
- 13** PRO Measures and Me. Why Should I Care
- 15** Acknowledgments

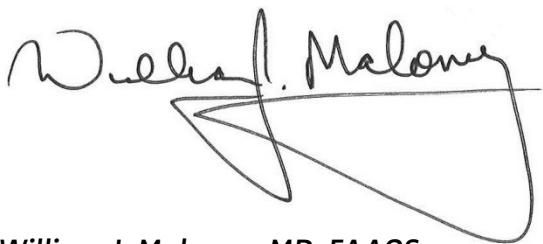
Foreword

The American Academy of Orthopaedic Surgeons (AAOS) is pleased to release this Patient-Facing Registry Report which was created to highlight information about the AAOS Registry Program that is most relevant for patients and the public. We trust you will find this information useful as you learn more about how registry data can help to inform decisions and improve patient care.

This publication provides a general registry overview and features information on the musculoskeletal health data captured by each of the registries in the AAOS Registry Program, which, as of March 2022, contains data from over 1,300 institutions across the United States and the District of Columbia. While a registry serves to collect data about procedures, analysis of that data can help surgeons choose individualized treatments and implantable devices that are best for their patients. In addition to providing high-level summaries of injuries, diseases, and procedures, this publication includes information about patient-reported outcome measures (PROMs), which are surveys used to capture outcomes, or a patient's pre- and post-operative health status, from their perspective.

This report provides you with the understanding of general orthopaedic and musculoskeletal registry topics, while getting a glimpse into the benefits of registry participation. We believe this resource will help you better appreciate how data can improve the quality of care and patient outcomes across the United States.

If you have questions regarding the AAOS Registry Program, your care, or your specific case, please speak with your surgeon and clinical care team.



William J. Maloney, MD, FAAOS
Chair of the AAOS Registry Oversight Committee

The Who, What, Why of AAOS and Registries

■ Who is AAOS?

The American Academy of Orthopaedic Surgeons (AAOS) is an organization that serves to improve patient care and provide resources for the public on orthopaedics and musculoskeletal care. AAOS delivers education, clinical tools, and professional support to orthopaedic surgeons and allied health care providers. Founded in 1933, AAOS has grown into the world's largest medical association of musculoskeletal specialists, serving more than 39,000 members worldwide.

■ What is a registry?

A registry in its simplest form is a database that collects a wide range of information. That information can then be used in various ways, depending on the intention of data gathering. Clinical data registries typically acquire health care information on defined patient populations with related reasons for seeking care. Data about diseases or conditions, procedures, or use of specific medical devices are captured by participating physicians and institutions on many patients with similar and different characteristics. The combined, or aggregated, information can then be used to update health care professionals on what treatments are available, compare patient outcomes, and help make informed decisions on a course of patient care. At AAOS, this data is grouped into clinical categories, or modules, representing different areas of musculoskeletal care.

■ Why is a registry important?

There are many types of registries. Some track patients who have a particular disease or condition, while others track various procedures and the performance of medical devices such as artificial joints and other implants. By collating the data in one place by the masses, registries can extract and analyze a wide range of information to evaluate patient outcomes, look at trends, and track device performance. Physicians, health care facilities, and device manufacturers use this data to improve the quality of care provided to patients and better understand safety, reduce complications, and decrease costs. Data collection is also valuable for researchers, health care providers, medical educators, and technology to improve the patient experience and overall outcomes.

■ How does a registry help me?

Registries undeniably support clinical research and medical education to help health professionals improve the quality and safety of care. To take that one step further, they can also serve as a valuable resource for patients. When patients visit sites that participate in registries and complete patient surveys (also referred to as patient-reported outcomes, or PROs), they are directly offering to support the advancement of health care innovation. In turn, this could significantly impact the lives of those suffering from specific illnesses and conditions and assist with treatment planning for a wide range of patient populations.

■ What data is collected?

The type of information collected will vary by registry. The examples below are just some of the data elements collected by the AAOS Registry Program

- Patient demographics, such as age, gender, and race
- Surgeon information
- Name and location of the facility where the procedure was performed
- Reason for the surgery
- Details on the procedure or diagnosis
- Information on complications and if the patient experienced any during or after surgery
- Implant information

■ How is my privacy protected?

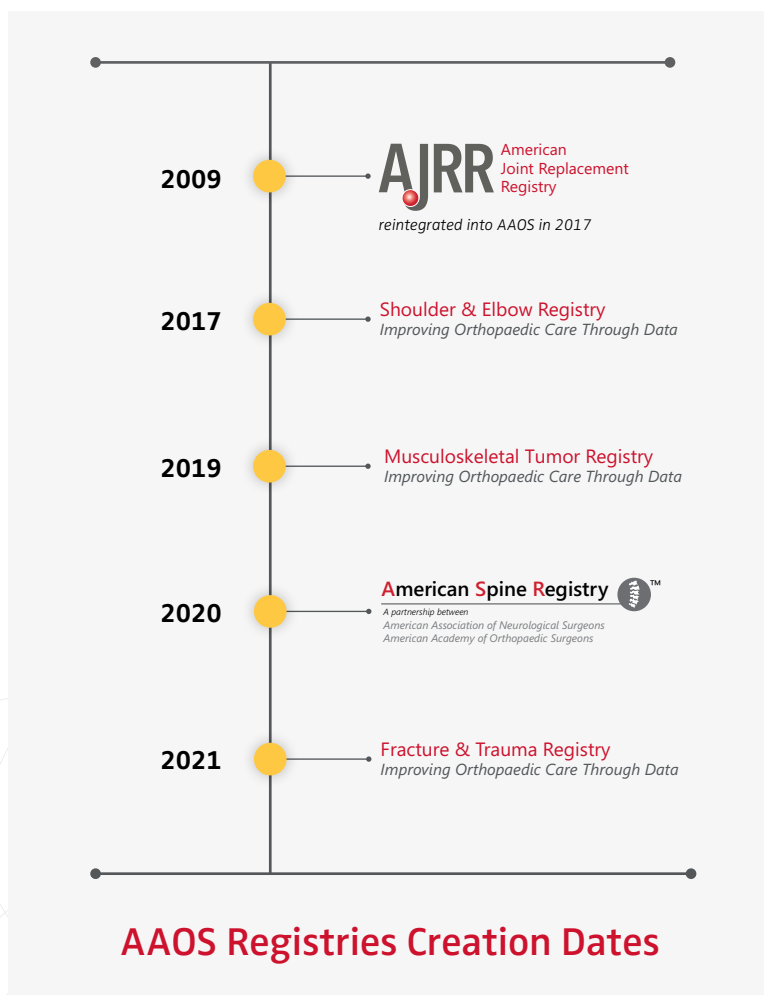
When your hospital, clinic, or physician is participating in a registry, the information about your health and the care you receive is electronically recorded by your physician or their staff into a secure database with set parameters to protect your privacy. Registries take data privacy and security protocols very seriously and follow health privacy rules and regulations to protect your health information.

Federal and state laws require the security and protection of private health information. Any collected information is de-identified, meaning all personally identifiable information is removed, and the data is then aggregated or combined and securely stored. Only the combined, de-identified data is available in AAOS' Registry.

Overview of AAOS Family of Registries

The mission of the AAOS Registry Program is to improve orthopaedic care through the collection, analysis, and reporting of actionable data. It seeks to encompass all the musculoskeletal and anatomical areas for orthopaedics through comprehensive data and technology, resulting in optimal patient outcomes. The AAOS Registry Program is comprised of five distinct programs, all U.S. based:

- The American Joint Replacement Registry, the world's largest national registry of hip and knee joint replacement data by annual procedural count with more than 2.5 million procedures contained within its database
- The Shoulder & Elbow Registry, collects quality data to improve shoulder arthroplasty, elbow arthroplasty, and rotator cuff repair outcomes
- The Musculoskeletal Tumor Registry, data on orthopaedic oncology bone tumor procedures
- The American Spine Registry, a collaborative effort between the American Association of Neurological Surgeons and AAOS
- The Fracture & Trauma Registry, the newest addition to the Registry Program portfolio



American Joint Replacement Registry

AJRR Program Overview

The American Joint Replacement Registry (AJRR) is the largest registry supported by the AAOS Registry Program and collects data on hip and knee replacements completed in the United States. The AJRR is a centralized database where participating health care institutions and providers can collect, store, and access their orthopaedic data related to surgical procedures and follow-up care. The AJRR database is a collaborative effort among leaders in the orthopaedic field, including AAOS, the American Association of Hip and Knee Surgeons, The Hip Society, The Knee Society, patients, hospitals, outpatient surgical centers, commercial health plans, and medical device manufacturers. Beginning with the AJRR, the Registry Program is managed by AAOS as one of many stakeholders in a multi-stakeholder participation model, which means all parties across the full spectrum of orthopaedic care are represented in managing the registries.

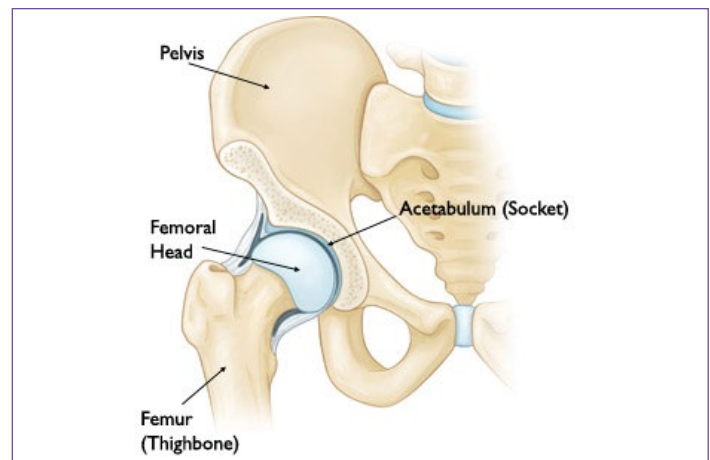
As the cornerstone of the AAOS Registry Program, the AJRR sets the data collection standards for other registries across the portfolio.

AJRR Program Modules

■ Hip Replacement Module:

The hip joint is made up of the thigh bone (femur) and the pelvis. It is sometimes called a “ball-and-socket” joint. The rounded top of the femur (femoral head) sits inside a socket in the pelvis (acetabulum). Between these two bones is a material called cartilage, which cushions the joint for smooth movement in the hip. Arthritis occurs when the cartilage wears down. Hip arthritis can cause symptoms like pain and stiffness in the affected hip.

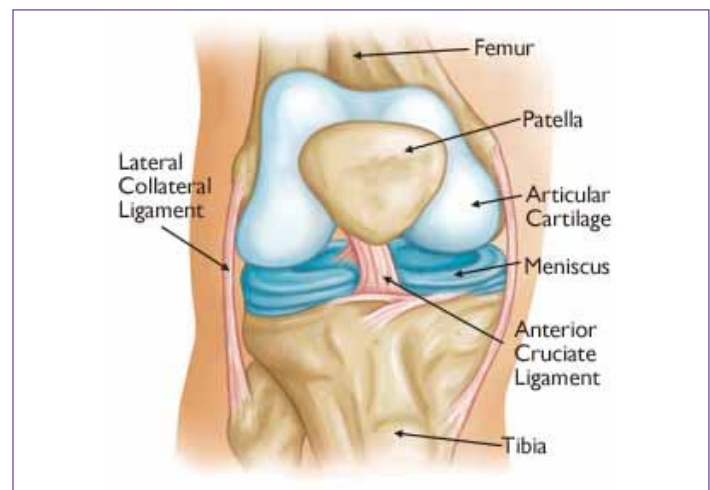
Hip arthroplasty, or hip replacement, is a surgical repair of a hip joint. Pieces of the bones are removed and replaced with metal, plastic, and/or ceramic implants. Hip arthroplasty can replace both the femoral head and the acetabulum (total hip arthroplasty or THA), replace just the femoral head (hemiarthroplasty), or resurface the femoral head and acetabulum (hip resurfacing).



■ Knee Replacement Module:

The knee joint is made up of the thigh bone (femur), the shin bone (tibia), and the kneecap (patella). Between these bones is a material called cartilage, which cushions the joint to allow smooth movement in the knee. Arthritis is a degenerative disease that occurs when the cartilage wears down. Knee arthritis can cause symptoms such as pain, swelling, and stiffness in the affected knee.

Knee arthroplasty, or knee replacement, is a surgical repair of an arthritic knee joint. Pieces of the bones are removed and replaced with metal and plastic implants. Knee arthroplasty may resurface the bottom of the femur and the top of the tibia. This is called a total knee arthroplasty (TKA). In some cases, the arthritis is in just one area of the knee joint, and a partial knee replacement might be an option. Partial knee replacement procedures include unilateral knee arthroplasty (UKA) and patellofemoral arthroplasty (PFA).



Shoulder & Elbow Registry

SER Program Overview

In 2018, the AAOS Board of Directors, through its Registry Oversight Committee, chose shoulder and elbow to be the next area to expand into the Registry Program and formed the Shoulder & Elbow Registry (SER). There are more than 140 participating sites in the SER, including hospitals, private practices, and ambulatory surgical centers (ASCs) spanning across 35 states in the U.S. In total, there have been over 17,800 patient procedures submitted as of February 2022.

Working in collaboration with the American Shoulder and Elbow Society, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and American Society for Surgery of the Hand, the AAOS created this registry to collect procedural, post-operative, and PROMs data for three modules: shoulder arthroplasty, rotator cuff repair, and elbow arthroplasty.

This data collection is particularly valuable to the shoulder and elbow space in the orthopaedic community as these procedures continue to become more common. Examining clinical differences such as inpatient versus outpatient settings, types of implants used, or individual patient factors through a national registry allows sites and surgeons to see how these impact outcomes and what improvements in care can be made.

“Shoulder and elbow replacements are on the rise. The AAOS Shoulder & Elbow Registry has a direct beneficial impact on patients. It allows surgeons to understand which procedures truly stand the test of time, so we can offer them with more confidence. It also rings an alert when certain replacement parts are not performing as expected. Highlight of success and rapid detection of possible failures leads to better health care quality in shoulder and elbow surgery.”

-Joaquin Sanchez-Sotelo, MD, PhD, FAAOS, Steering Committee Member, Shoulder & Elbow Registry

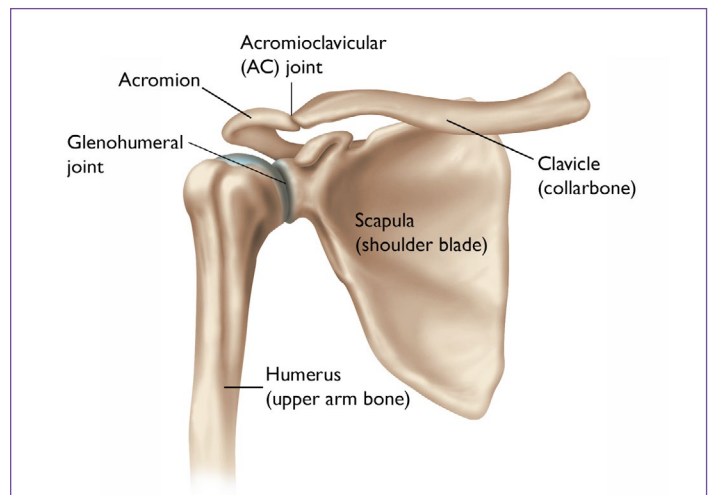
SER Program Modules

■ Shoulder Replacement Module:

The shoulder joint is referred to as a “ball-and-socket” joint and is made up of the humerus (upper arm bone), the scapula (shoulder blade), and the clavicle (collar bone). The top, or head, of the humerus sits inside the socket (glenoid) of the shoulder blade. This point of contact is also referred to as the glenohumeral (GH) joint. The ends of these bones are lined with smooth cartilage that cushions and facilitates smooth movement at the shoulder joint. This cartilage can wear down over time, leading to shoulder arthritis and can cause pain and stiffness in the joint.

Shoulder arthroplasty, or shoulder replacement, is a surgical treatment option for shoulder arthritis or fracture repair. The affected cartilage and bone are removed and replaced with metal or plastic surfaces. Shoulder replacements can come in the form of a total shoulder arthroplasty (TSA), where both the humeral head and the glenoid are replaced, or it can be a hemiarthroplasty where only the humeral head is replaced. A third type of shoulder replacement is a reverse total shoulder arthroplasty (rTSA), where the humeral head is replaced with a socket-shaped surface, and the glenoid is replaced with a ball-shaped surface.

In addition to common procedure, complication, and implant information collected across all registries, the shoulder arthroplasty module includes coding specific to shoulder replacements, revisions, and fracture procedures that identify the specific reason and technique used to repair the shoulder joint.



■ Rotator Cuff Repair Module:

The rotator cuff is a group of four muscles that provide range of motion and stability at the shoulder joint. Injury or overuse can lead to a tear in the tendon of one of these muscles. When these tears lead to pain and loss of function, surgical repair of the rotator cuff can be performed to reattach the tendon to the head of the humerus, or to smooth partial tears. These procedures are commonly done through small incisions in an arthroscopic procedure but may require a larger, open incision pending individual patient anatomy and associated shoulder conditions or injuries.

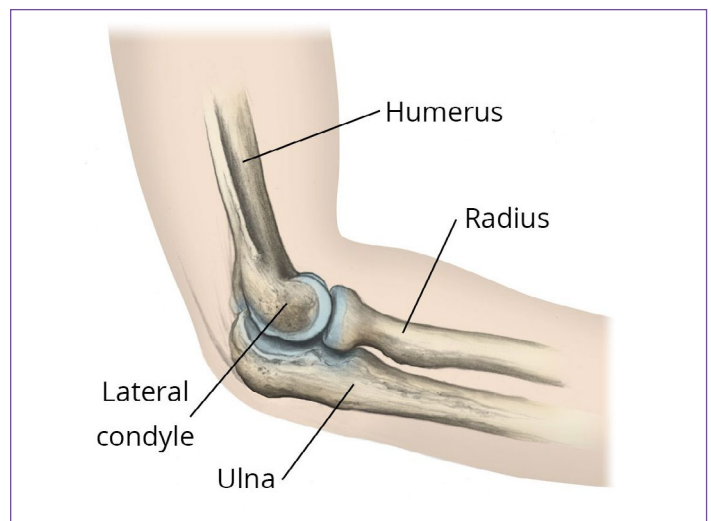
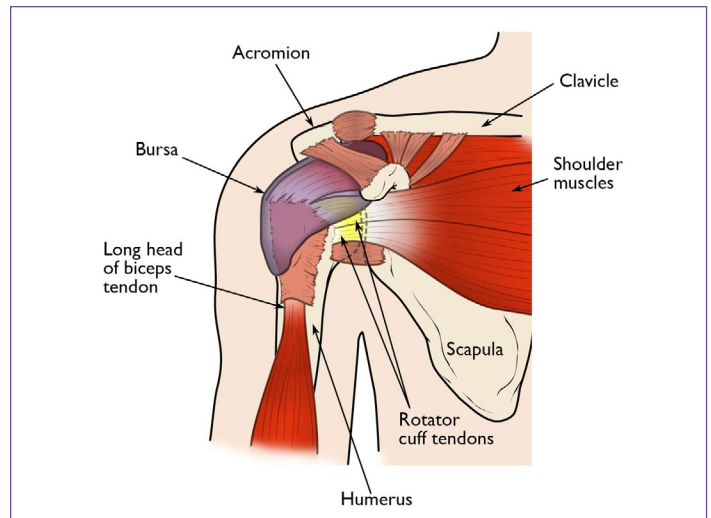
Data captured for the rotator cuff repair module has additional procedural coding options for the shoulder, including muscle, tendon, and arthroscopic codes that identify how a rotator cuff repair was completed.

■ Elbow Replacement Module:

The elbow is a hinge joint that allows for bending at the joint and rotation of the forearm. It consists of the humerus, the ulna (forearm bone on the pinky finger side), and the radius (forearm bone on the thumb side). As with the shoulder joint, the ends of these bones are lined with smooth cartilage cushioning the joint and facilitating movement. This cartilage can wear down over time leading to pain and loss of function due to arthritis or other joint diseases.

Total elbow arthroplasty is a surgical procedure where the damaged portions of the end of the humerus and the top of the ulna are replaced with metal or plastic surfaces to restore movement. Fractures or other trauma to the elbow can also lead to partial replacements of just one surface in the joint.

The elbow arthroplasty module includes replacement and revision coding, along with information on management of the ulnar nerve during replacement procedures.



SER Shoulder Arthroplasty Predictive (SHARP) Model

Registry participants have access to the Shoulder Arthroplasty Predictive (SHARP) Model. This model provides the opportunity for surgeons and patients to discuss long-term outcomes of shoulder replacement procedures based on individual patient health and the type of procedure planned. To use the model, surgeons enter a pre-operative patient outcomes score, along with six other pre-operative patient health factors, to obtain a predicted two-year outcomes score.

Musculoskeletal Tumor Registry

MsTR Program Overview

The Musculoskeletal Tumor Registry (MsTR) is an orthopaedic oncological diagnosis-based registry developed in partnership with the Musculoskeletal Tumor Society (MSTS). Launched in December 2018 as a pilot program, the goal was to capture data on orthopaedic oncology, specifically bone and soft tissue tumor procedures, in a structured and scalable way. The successful pilot drove the decision to broaden the MsTR program from a trial to a full registry with AAOS support at the end of 2019.

In the years following the move from pilot to full registry, AAOS and the MsTR Steering Committee grew participation by multiple institutions and orthopaedic oncologists across the nation. The widespread reach allows surgeons to curate data about rare bone and soft tissue tumors from participating sites around the country, thereby potentially answering treatment and outcome questions that are otherwise unable to be answered due to the rarity of the disease.

The MsTR is the third subspecialty registry to be added to the AAOS family of registries, and it currently supports a sarcoma module, and will expand to cover other areas of care in the future.

“MsTR will allow the community of orthopaedic oncologists to form data-driven conclusions that will change practice for the better. This registry will provide contributing providers and centers feedback through dashboards, with comparisons to national and personal quality and patient safety benchmarks. The MsTR offers an unparalleled opportunity to improve the quality of care for patients afflicted with musculoskeletal tumors.”

-Benjamin J. Miller, MD, MS, FAAOS, Steering Committee Chair, Musculoskeletal Tumor Registry

MsTR Program Modules

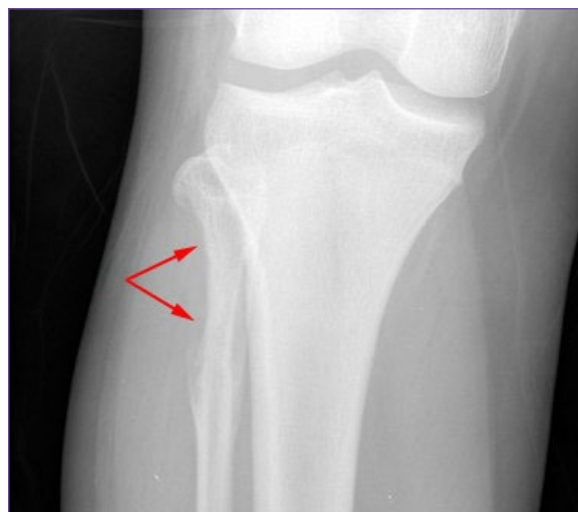
■ Sarcoma Module:

The word “sarcoma” encompasses a broad range of rare cancers that can affect bone or soft tissues such as fat, muscles, blood vessels, nerves, cartilage, tendons, and ligaments throughout the body.

There are many types of sarcoma (cancerous tumors), some more aggressive than others, and each named for the tissue or part of the bone where they first developed. Although over 50 types of sarcoma exist, they are uncommon – only making up 1% of adult cancer cases.

Soft tissue sarcoma can develop anywhere in the body, but they are most commonly found in the extremities (arms and legs) and trunk of the body (chest, abdomen). Bone sarcoma often presents as a tumor on the long bones of the arms and legs, or the pelvis. Tumors are often tricky to detect as it is common for few or no symptoms to arise until they become large enough to feel or cause pain.

De-identified information on patient demographics, patient examination, tumor starting point, treatment and post-treatment data, and surgical details are included in the Registry. Post-operative data like surgical complications or adverse oncologic events are also recorded, and patient-reported outcomes are collected to provide a robust data set to help inform physicians on surgical decisions that must be made early in treatment.



American Spine Registry

ASR Program Overview

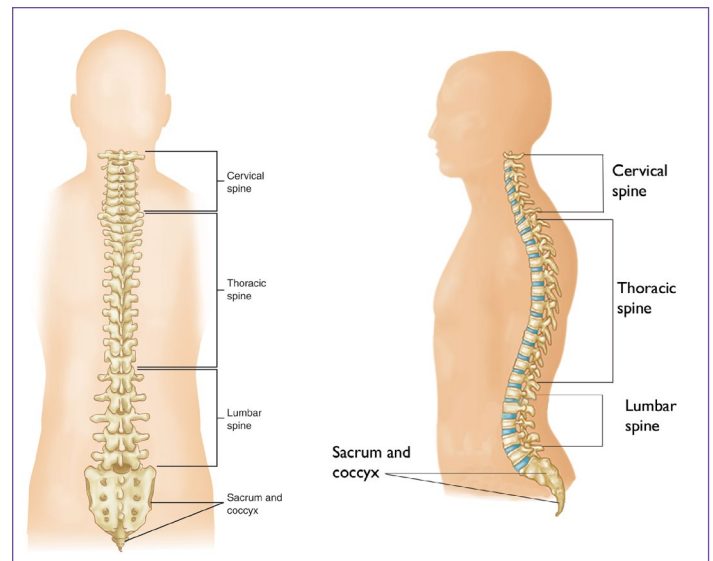
The American Spine Registry (ASR) is a collaborative effort between the American Association of Neurological Surgeons (AANS) and the AAOS. Launched in January 2020, the ASR is jointly owned and governed with equal leadership representation from both organizations to improve spine care across orthopaedic and neurosurgical care. As of February 2022, over 240 sites participate in the ASR, representing private practices, ambulatory care centers, and large academic centers across the country. Their participation and the growth of the ASR demonstrates the need for spine data and the value of this registry effort for providers and patients.

“AANS and AAOS are highly regarded surgical specialty societies, both of which have clinical, scientific, and economic interests in spine-related therapies. It is significant that these two organizations ultimately chose to embrace the greater potential of what we could accomplish together. This combined Registry represents an enhanced opportunity to positively impact the future of spine care.”

-Anthony Asher, MD, FAANS, FACS, Steering Committee Co-chair, American Spine Registry

ASR Program Modules

The ASR launched with two modules focusing on degenerative spine conditions at the lumbar spine (low back) and cervical spine (neck). The spine is a complex structure providing support to the body for movement and daily activities. The vertebrae are individual bones stacked one on top of the other to form the spinal column. Between each vertebrae lies an intervertebral disc, a fibrous flat and round structure with a soft, cushion-like interior. These discs provide shock absorption during movement, allowing smooth motion of the vertebrae. The spinal cord travels within the spinal column and is protected by the surrounding bones. The spinal cord helps to transmit electrical signals from the brain to the body and from the body to the brain. Smaller nerve branches travel from the spinal cord into other areas of the body. These connections help the brain to communicate with muscles throughout the body to facilitate movement. Muscles and other connective tissues provide support and stability to the spine.



Degenerative changes at the spine may result from injury, overuse, sustained poor posture, or aging. Vertebrae may develop arthritic changes, and discs may progressively lose height and density, reducing their ability to provide a buffer between the vertebrae. These changes may result in pain with certain activities or movement and are evaluated and diagnosed by your physician.

The ASR captures data on these degenerative spine diagnoses and the procedures a physician may use to reduce patient symptoms. Some of these diagnoses may include:

- Spinal Stenosis – A narrowing in the openings of the spine. The narrowing may cause compression of the spinal cord or nerves.
- Spondylolisthesis – A degenerative change at the spine where one vertebrae shifts forward from the vertebrae below. This may cause pressure on the spinal cord or nerves.
- Degenerative Disc Disease - Degenerative changes, such as decreased disc height, to a disc between two vertebrae.
- Disc Herniation – A rupture of the disc between two vertebrae.

Based on the diagnosis and the patient's symptoms, a physician may recommend a surgical procedure to improve the patient's mobility and quality of life. Some of these procedures include:

- Discectomy – This is the removal of a disc or partial removal of the disc.
- Decompression – This is a surgical procedure to remove a structure, creating compression on the spine and reducing symptoms.
- Laminectomy – The lamina, a portion of the vertebrae, is removed from one or more levels to reduce compression of spinal nerves and reduce symptoms.
- Fusion – This procedure involves surgically connecting one or more vertebrae to provide stability and relieve symptoms.



The ASR is committed to improving care for patients undergoing spine procedures for degenerative diagnoses by collecting and reporting data for quality improvement within the spine community. This allows the ASR to optimally measure performance and value, create and recommend informed reimbursement and treatment standards, develop education programs that address specific practice and treatment areas, and continually improve patient safety, treatment, and outcomes.

"We are putting patient interests first and foremost through this collaboration. I commend everyone involved in this joint effort for the commitment needed to move the needle and advance spine care. This Registry has the potential to generate important improvements in quality of care and patient outcomes. It will provide data relevant to critical clinical and resource-related decisions."

-Steven Glassman, MD, FAAOS, Steering Committee Co-chair, American Spine Registry

American Spine Registry ™
A partnership between
American Association of Neurological Surgeons
American Academy of Orthopaedic Surgeons

The American Spine Registry is a collaborative registry with the American Association of Neurological Surgeons. Both orthopaedic spine surgeons and neurosurgeons are trained to perform spine surgery.

Fracture & Trauma Registry

FTR Program Overview

Trauma such as high impact falls, car collisions, or sports injuries are the most common cause leading to fractures (broken bones). Other factors can include overuse of specific muscles putting strain on a bone resulting in stress fractures and weakening of bones due to old age or osteoporosis.

Recognizing the critical importance of optimizing care for this patient population, the AAOS, with support from the Orthopaedic Trauma Association (OTA), launched the Fracture & Trauma Registry (FTR) as the fifth in a series of anatomical, evidence-based registries in 2020. The FTR consists of five diagnosis-based modules processing case data on fractures of the hip, distal radius, ankle, distal femur, and proximal humerus. In addition to the core elements collected on patient information, the FTR captures data on fracture type, procedure details, post-operative data, and patient-reported outcomes for future analytics.

“We are very excited about the newest addition to the AAOS Registry portfolio, the Fracture & Trauma Registry (FTR). Early on, we knew that we needed to capture as many clinically meaningful conditions as possible to improve the quality of care for our patient populations. Patients are paramount to everything we do, and we take seriously our lifelong pursuit of optimal patient care for all those suffering from a traumatic orthopaedic event. I’m optimistic that this patient-facing supplement can help move us in this direction. By providing valuable insights for you, your family members, and loved ones to understand these conditions, we can improve the patient-doctor relationship and shared decision-making. As you read through, I hope you will find value in our shared learnings through the newest AAOS Fracture & Trauma Registry.”

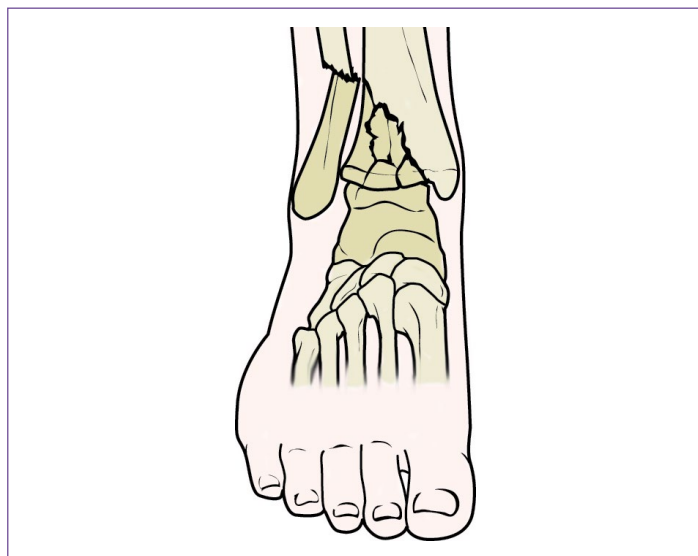
-Michael J. Gardner, MD, FAAOS, Steering Committee Chair, Fracture & Trauma Registry

FTR Program Modules

■ Ankle Fracture Module:

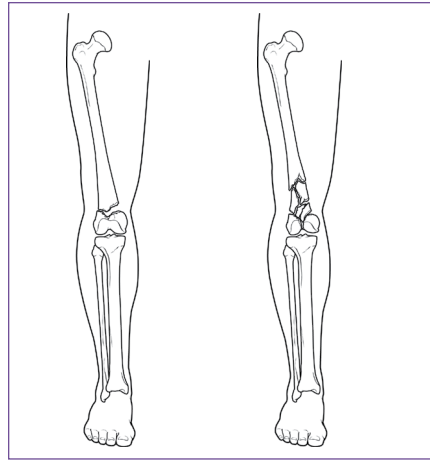
Made up of three bones, the shin bone (tibia), the smaller bone of the lower leg (fibula), and a small foot bone (Talus), the ankle is a large joint between the leg and foot. The ankle joint allows movement of the foot; thus, an ankle fracture (aka broken ankle) can disrupt the ease of performing certain daily activities, or more severely, impede one's ability to walk for months. Depending on the type of fracture, treatment can range from simply requiring a cast to different surgical options, which may include the use of screws, plates, rods, or different wiring techniques.

Information collected by the Registry includes data on dislocation type (whether the broken bones are displaced or still in their appropriate position), details on open or closed fractures (if the skin is punctured as a result of the break), injury mechanism (how the injury occurred), and whether the bone can be restored without cutting the skin. Additional details on the surgical intervention and treatment outcomes are also reported.



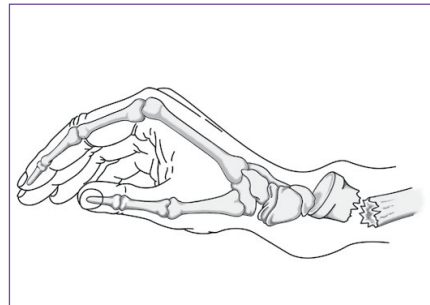
■ Distal Femur Fracture Module:

The femur, also known as the thigh bone, reaches from hip to knee. The distal part of the bone refers to the lower end of the extremity, where the bone flares out. The distal femur makes up the top part of the knee joint, and the end of the femur is covered in cartilage to protect the bone when bending and straightening the leg. Distal femur fractures can occur based on a variety of risk factors. Elderly adults are more prone to incurring fractures due to weakened bones. Conditions like osteoporosis, playing high-impact sports, or being involved in a car collision are all causes of distal femur fractures.



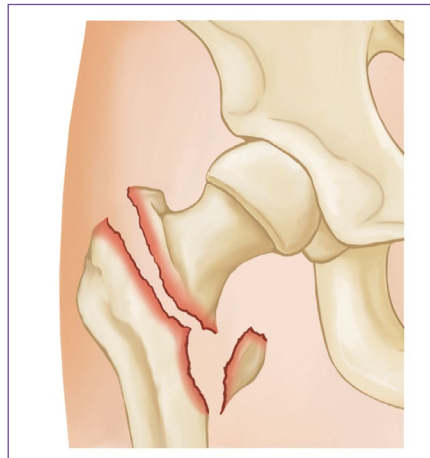
■ Distal Radius Fracture Module:

The forearm comprises two bones, the radius and the ulna. The ulna remains stationary while the radius rotates around it, allowing the palm of the hand to face up or down. Forearm fractures can affect one's ability to rotate their arm, essentially limiting movements like turning a doorknob and twisting a screwdriver, as well as bending or straightening the wrist and elbow. A distal radius fracture, better known as a broken wrist, happens when the area of the radius near the wrist (the distal end) breaks. This type of break can occur due to a fall on an outstretched or flexed hand.



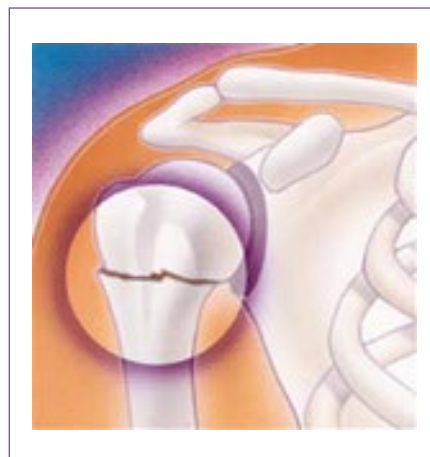
■ Hip Fracture Module:

The hip joint is made up of the thigh bone (femur) and the pelvis. Like the shoulder joint, the hip joint can also be referred to as a "ball-and-socket" joint. The rounded top of the femur (femoral head) sits inside a socket in the pelvis (acetabulum). Hip fractures, a common injury among patients 65 or older, occur when there is a break in the upper portion of the femur (thighbone). With most hip fractures, you will not be able to stand, bear weight, or move the upper part of your leg or knee.



■ Proximal Humerus Fracture Module:

The shoulder joint is referred to as a "ball-and-socket" joint and is made up of the humerus (upper arm bone), the scapula (shoulder blade), and the clavicle (collar bone). The top, or head, of the humerus sits inside the socket (glenoid) of the shoulder blade. The opposite end of the humerus meets two bones of the forearm, the radius, and the ulna, and helps form the elbow joint. A proximal humerus fracture involves the top portion, or head, of the humerus and most often results from a fall onto an outstretched arm. This is typically seen in older patients following a fall, especially those with osteoporosis or low bone density.



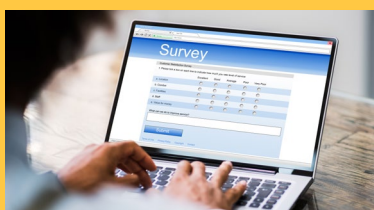
Patient-Reported Outcome Measures and me. Why should I care?

What is my role as a patient?

A functioning and reliable registry requires robust data collection that relies heavily on clinician participation, but your role as a patient is extremely valuable as well. Without patient-reported outcome (PRO) data, there is no way to have a total picture of an individual's healing process. Physicians show their willingness to advance health care because their clinical data contributions help identify optimal treatments, surgical solutions, and the best performing medical devices. However, a holistic view cannot be captured without a patient's perspective. Taking the time to participate in patient surveys will help positively impact your future care and the care of many other patients .

What are PROMs?

Clinical registries have learned that while they can receive valuable information from physicians, hospitals, ASCs, device manufacturers, and payers, a critical source of data and experience can be gleaned from the patient's perception of their health status. PROMs offer patients the opportunity to report on their perception of their mobility, functional status, and quality of life. Providers are interested in your perception of your health status before your procedure and at set intervals following your procedure to understand outcomes over time.



Taking the time to participate in patient surveys will help positively impact your future care and the care of many other patients.

Why are PROMs important?

PROM data help health care providers, hospitals, ASCs, health insurers, and researchers better understand how a musculoskeletal procedure improves patients' symptoms, which supports efforts to continually improve the quality of care. If a surgeon participating in a registry asks their patients to complete surveys regarding their symptoms, each patient's response and experience, and that of thousands of other patients, helps to improve the experience of future patients.



Read about a patient just like you:



"I have come to realize that I can play a meaningful role in improving care for future surgery patients, including myself, by doing what my doctor asks of me, and that includes participating in the patient-reported outcome surveys. The surveys are offered by health care provider sites participating in a clinical data registry. I simply answer a few questions prior to and after my surgery. This enables my surgeon and clinical team to monitor my self-reported recovery, my pain levels, and my return to daily activities. Through my participation, I am also providing direct personal input into a larger quality improvement effort. The aggregated data from those efforts can, over time, improve the processes, protocols, device selection, and recovery techniques available to other patients in the future. Sharing my recovery and related levels of satisfaction, also educates surgeons and clinicians regarding best practices in patient care."

– Richard Seiden (AAOS Public Advisory Board Member)

Learn More

Learn more about the AAOS Registry Program and arthroplasty procedures by exploring these patient resources:
[What is a Clinical Data Registry?](#)

If you have questions regarding the AAOS Registry Program, your care, or your specific case, speak with your surgeon and clinical care team.

Acknowledgments

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At the time of publication, every effort was made to ensure the information contained in this report was accurate. This document is available for download at www.orthoinfo.aaos.org/en/treatment/registry-resources-for-patients/

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