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

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

*2005 member survey response rate of 54% establishes a 95% ± 5% confidence level for survey results being reflective of entire membership (N=753). *b N<403 because not all respondents answered these questions.
1. Which potential risk factors do you routinely ask about and screen for in patients with osteonecrosis of the hip? (check all that apply)
   - Alcohol abuse
   - Steroid use
   - Trauma
   - Clotting disorders
   - Lupus
   - Storage diseases
   - HIV
   - Cancer
   - Family history
   - Other (specify):__________

2. In osteonecrosis associated with steroid use do you: (check all that apply)
   - Urge patient and physician to stop steroids if possible
   - Consider use of statin therapy to decrease risk of AVN in other areas
   - Urge an osteoporosis work-up if not already performed
   - None of these
   - Other (specify):____________________________________________

3. In osteonecrosis associated with alcohol abuse do you: (check all that apply)
   - Require patient to stop alcohol consumption prior to surgery
   - Get professional intervention for patient’s alcohol abuse
   - Treatment and pre-operative requirements vary
   - None of these
   - Other (specify):________________________________________

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

5. When surgery is indicated, how important is each of these factors in determining the type of surgery? Please use the following scale to rate the importance of each factor (circle the number)
   - Stage of osteonecrosis
   - Patient age
   - Gender
   - Medical comorbidities
   - Patient occupation / job demands
   - Pain at night
   - Pain with activities of daily living
   - Pain which affects work
   - Length of symptoms
   - Other (specify):

6. Do you routinely obtain a MRI to assess bilaterality of disease, in cases of obvious osteonecrosis in one hip and a normal appearing contralateral hip?
   - Yes
   - No
   - Depends on (specify):

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

Fig. E-1
Sixteen-question self-administered survey questionnaire sent to all active members of AAHKS in March and April 2005.
8. Do you offer hip fusion to any patients with osteonecrosis?
   Yes........  No.............
   Depends on (specify): ______________________________________________

9. Have you performed a hip fusion in the last 5 years?
   Yes .........  No.............

10. In each scenario of a patient with idiopathic unilateral osteonecrosis of the hip, what is your recommended treatment, based on the hypothetical ages below? (select one best answer for each scenario, and write in number):
   1...... Total hip replacement
   2...... Resurfacing hemiarthroplasty
   3...... Resurfacing total hip replacement (when it is available)
   4...... Standard hemiarthroplasty
   5...... Vascularized bone grafting
   6...... Non-vascularized bone grafting or bone graft substitute (eg trap door, fibular strut)
   7...... Osteotomy (intertrochanteric or rotational)
   8...... Core decompression with bone graft, bone graft substitute, and/or stimulation
   9...... Core decompression without bone graft, bone graft substitute, stimulation
   10...... Non-surgical treatment
   11...... Other

   Patient Age in Years
   24        48
   _______   _______
   10. Which term best describes the type of practice setting you work in?
      Private orthopaedic practice.......  Multi-specialty clinic........  HMO.............................
      Academic practice..................  Government / military.......  Other (describe)____________

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

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

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

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

15. Please estimate the percentage of types of cases you performed in 2004:
   %Primary THA:______  %Revision THA:______  %Primary TKA:______  %Revision TKA:______

16. How many hip osteonecrosis surgeries do you estimate you performed in 2004: ________

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