SESSION HIGHLIGHTS | MY NOTES

Session I | Preoperative Optimization
7:40 – 8:30 a.m. · Moderator: E. Bailey Terhune, MD

7:40 a.m. DeAnna M. Maasarani, PA-C

Nonoperative Treatment of DJD: What Works, What Doesn't and What to Tell Your Patients
- Exercise serves as the cornerstone of DJD management, with weight management when appropriate to reduce pain, improve function, and enhance quality of life.
- Treatment should be individualized through shared decision-making, incorporating medications, injections, nerve ablation, etc. as appropriate.

7:50 a.m. Stefanie Herrmann, PA-C

Preoperative Risk Factors: Getting Patients Safely Ready for Surgery
- Identify and address modifiable risk factors early — including obesity, glycemic control, smoking, opioid use, and others — to reduce preventable complications.
- Optimize the patient physically and mentally before surgery to promote recovery and improve postoperative outcomes.

8:00 a.m. Christopher R. Torres, PA-C

Is it My Hip, My Back or My Knee…Or Is it All Three?
- Examine beyond the site of pain: assess the hip in patients with knee pain and consider both the hip and lumbar spine as sources of leg pain.
- Correlate imaging with the history and physical examination before directing treatment; obtain diagnostic studies when the source of pain remains unclear.

8:10 a.m. Kelly K. O'Reilly, RN

Packing Light: Excelling at Outpatient Surgery
- Pre-Operative Preparedness: A patient who is prepared is one who will be successful going home the day of surgery. A virtual pre-op class paired with a surgical information binder delivers key information to the patient ahead of surgery.
- Post-Operative Support: Access to the care team postoperatively is critical. Each patient should have direct contact numbers for each clinical team member.

Session II | Maximizing Value: Billing and Coding
8:30 – 9:30 a.m. · Moderator: Beau J. Kildow, MD

8:30 a.m. Hany S. Bedair, MD

Inside a High-Performing Arthroplasty Clinic
- Empowering APPs to practice at the top of their license is central to a high-performing arthroplasty clinic.
- A high-performing arthroplasty clinic requires intentional design of the entire patient care pathway.

8:40 a.m. Hayden N. Box, MD

PROMs in Practice: Compliance, Quality and Clinical Impact
- PROMs collection is a CMS requirement for inpatient elective TKA and THA and will soon be required for ASCs and hospital-based outpatient departments.
- PROMs can be used by institutions to inform quality improvement projects and by individual providers to guide clinical decision-making.

8:50 a.m. P. Maxwell Courtney, MD

Billing and Coding in TJA: Mastering E/M Without Guesswork
- APPs will learn to optimize office billing to appropriately get paid for their work.
- Review modifiers, PCM, preventive medicine, injection, and counseling codes to use with E&M codes in clinic.

9:00 a.m. David N. Kugelman, MD

The Global Period: Inside the 90-Day Bubble
- The 90-day global period bundles routine postop care into the surgical payment. Understanding global-period modifiers is essential to avoiding lost reimbursement.
- Modifier 58 = planned/staged procedures (new global period); 78 = unplanned related return to OR; 79 = unrelated procedure during global period.

9:10 a.m. Kristie R. Miller, PA-C

APP Autonomy and Practice Expansion
- APPs are no longer simply supporting arthroplasty practices — we are helping drive access, quality, and efficiency.
- Ask yourself: "If I could immediately expand my practice, I would _____ because it would improve _____?"

Break · 9:30 – 9:50 a.m.

Session III | Perioperative Hot Topics

9:50 – 10:40 a.m. · Moderator: Christopher Melnic, MD

9:50 a.m. Catherine W. Njathi-Ori, MD

Preoperative and Intraoperative Collaboration with Anesthesia: Keys to Success

- Effective collaboration ensures safe and standardized patient care, leading to better patient outcomes.
- Collaboration also fosters employee engagement, leading to better commitment and retention.

10:00 a.m. Grace Garrett, MSN, AGACNP-BC

Mastering Wound Closure and Post-Op Wound Issues

- Intraop planning: how to pick a closure method and dressing to best suit your patient.
- Differentiate dressing-related skin complications from surgical wound complications and recognize when and how to intervene with drainage.

10:10 a.m. Emily L. Steen, PA-C

Postoperative Protocols: Multimodal, TXA, Steroids and Beyond

- Incorporating multimodal analgesia in the preoperative, intraoperative, and postoperative stages improves pain control, reduces opioid use, and reduces opioid-related complications.
- For patients with increased pain/swelling postoperatively, start with the basics (ice, elevation, compression) and consider adjunct medications for specific situations.

10:20 a.m. W. Christian Thomas, MD

The Post-Op Visit: Key Milestones and Red Flags to Recognize

- Prompt recognition of early complications is key to preventing long-term issues.
- Do not ignore patient concerns through the recovery process.

Session IV | Primary Knee and Hip Essentials: Case-Based Discussion

10:40 a.m. – 11:45 a.m. · Moderator: Christopher N. Carender, MD

10:40 a.m. Joshua P. Rainey, MD

THA in 2026: Indications, Techniques and Emerging Options

- Confirm the indication before offering THA: life-limiting symptoms, concordant exam and radiographs, after a trial of nonoperative care. Rule out mimics such as lumbar spine disease, GTPS, and abductor tears.
- Match femoral fixation to bone quality: consider a cemented stem for patients >65, Dorr type C bone, osteoporosis, prior fragility fracture, or any case where broach stability can't be achieved.

10:50 a.m. Robert A. Burnett, MD

Challenges in THA: Common Intraoperative Complications and How to Avoid Them

- Over 1/3 of THA cases have positive cultures at the time of implantation. Maintain sterility: fan off until gowned, toga and indicator gloves, different blades for superficial/deep, minimize OR time.
- Intraoperative femur fractures can occur during broaching or implantation. Prevent with adequate exposure; when identified, remove the stem and classify the extent.

11:00 a.m. Christopher M. Melnic, MD

TKA in 2026: Indications, Techniques and Emerging Options

- Cementless and cemented TKA have similar survivorship at 5 years.
- Robotics helps with precision and accuracy in TKA.

11:10 a.m. Omar A. Behery, MD, MPH

Challenges in TKA: Common Intraoperative Complications and How to Avoid Them

- Unintended intraoperative fractures or injury to collateral ligaments/extensor mechanism require appropriate management, often including surgical repair, revision implants, and postop rehab modification.
- Intraoperative vascular injury in primary TKA can be catastrophic if not recognized promptly — involve vascular surgery immediately.

11:20 a.m. All faculty

Complex Primary TJA: Case-Based Discussion

Lunch & Networking · 11:45 a.m. – 12:20 p.m. · Pick up lunch outside course room; return by 12:20 p.m.

Working Lunch · 12:20 – 1:15 p.m. · Stump the Experts: MDs vs. APPs Head-to-Head Challenge!

Session V | Complications Masterclass

1:15 – 2:30 p.m. · Moderator: Charles P. Hannon, MD

1:15 p.m. Jacob M. Wilson, MD

Evaluating the Painful TKA: Building a Differential Diagnosis

- Rule out infection first. Infection, aseptic loosening, and instability account for ~92% of TKA revisions. Look for rarer causes (wear, metallosis, patellar clunk) only after those are excluded.
- Be algorithmic. Up to 1 in 10 TKA patients are dissatisfied. Work through 7 questions: Is it the knee? Infected? Loose? Unstable? Stiff? Malpositioned? Is the extensor intact?

1:25 p.m. Brian C. Fuller, MD

Evaluating the Painful THA: Why Does a THA Still Hurt?

- A thorough history can diagnose many — if not most — conditions causing pain after THA.
- Common things are common: Infection, Loosening, Impingement, Lumbar Spine, GTPS.

1:35 p.m. Katherine E. Mallett, MD

Diagnosis of Periprosthetic Joint Infection: Making Sense of the Work-Up

- Use a stepwise approach: start with ESR/CRP, but have a low threshold for aspiration.
- Leverage advanced diagnostics: PCR, synovial biomarkers, and advanced imaging can close the diagnostic gap.

1:45 p.m. Niall H. Cochrane, MD

Postoperative Complications After TKA: What to Do and When

- If you have concerns early, see the patient. An in-person exam is always best.
- Objective testing (labs and radiographs) can diagnose problems early and provide reassurance when there are no issues.

1:55 p.m. Christopher N. Carender, MD

Postoperative Complications After THA: What to Do and When

- Wound concerns: consider timing from surgery, quantity of drainage, erythema, and pain. Drainage >7 days from surgery should raise significant concern.
- Dislocation: understanding the mechanism — what the patient was doing and how the hip was positioned — is key to management.

2:05 p.m. All faculty

Revision TJA: Case-Based Discussion

Course Adjourns · 2:30 p.m.