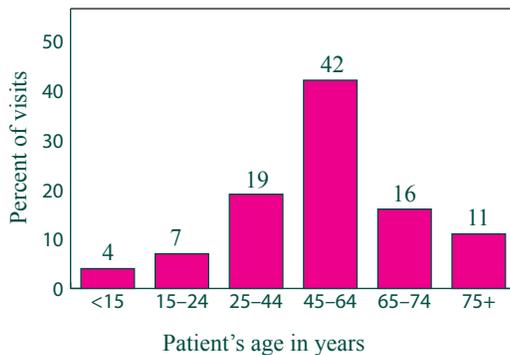


Factsheet

ORTHOPEDIC SURGERY

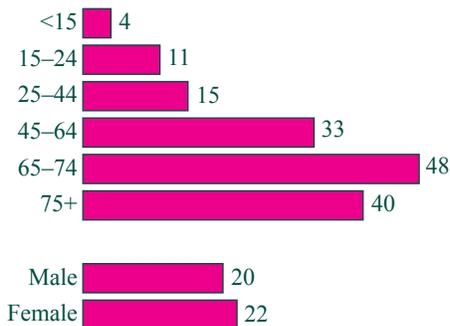
In 2010, there were an estimated 63 million visits to nonfederally employed, office-based physicians specializing in orthopedic surgery in the United States. More than half of the visits were made by persons aged 25–64 years.

Percent distribution of office visits by patient's age: 2010



The annual visit rate was highest in the 65-74 age group.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 54%
- Medicare — 26%
- Workers' compensation — 9%
- Medicaid/CHIP — 6%

The major reason for visit was:

- New problem — 37%
- Pre- or post-surgery/injury follow-up — 23%
- Chronic problem, routine — 22%
- Chronic problem, flare-up — 15%

The top 4 reasons given by patients for visiting orthopedic surgeons were:

- Knee symptoms
- Shoulder symptoms
- Postoperative visit
- Back symptoms

The top 3 diagnoses were:

- Osteoarthritis
- Lower limb joint pain
- Tear of medial cartilage

Medications were provided or prescribed at 49 percent of office visits. The top 3 generic substances utilized were:

- Acetaminophen with hydrocodone
- Naproxen
- Ibuprofen

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/names>.

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Journal of Family Practice*, and *Spine*. Here are a few recent publications using NAMCS data:

McDonald DD, Walsh S. Older adult osteoarthritis pain management: results from the 2008 National Ambulatory Medical Care Survey. *J Am Acad Nurse Pract.* 24(2):107-112. Feb 2012.

Desai RJ, Agarwal SJ, Aparasu RR. Drug use trends for arthritis and other rheumatic conditions and effect of patient's age on treatment choice. *N C Med J.* 72(6):432-438. Nov-Dec 2011.

Solomon DH, Ayanian JZ, Yelin E, Shaykevich T, Brookhart MA, Katz JN. Use of disease-modifying medications for rheumatoid arthritis by race and ethnicity in the National Ambulatory Medical Care Survey. *Arthritis Care Res (Hoboken).* 64(2):184-189. Oct 2011.

Friedman BW, Chilstrom M, Bijur PE, Gallagher EJ. Diagnostic testing and treatment of low back pain in United States emergency departments: a national perspective. *Spine (Phila Pa 1976).* 35(24):E1406-1411. Nov 2010.

Sacks JJ, Luo YH, Helmick CG. Prevalence of specific types of arthritis and other rheumatic conditions in the ambulatory health care system in the United States, 2001-2005. *Arthritis Care Res (Hoboken).* 62(4):460-464. Apr 2010.

Licciardone JC. The epidemiology and medical management of low back pain during ambulatory medical care visits in the United States. *Osteopath Med Prim Care.* 2(1):11. Nov 2008.

Avasarala J, Odonovan CA, Roach S, Camacho F, Feldman S. Analysis of NAMCS data for multiple sclerosis, 1998-2004. *BMC Med.* 5(1):6. Apr 2007.

Riddle DL, Schappert SM. Volume and characteristics of inpatient and ambulatory medical care for neck pain in the United States: data from three national surveys. *Spine.* 32(1):132-140; discussion 141. Jan 2007.

Federman AD, Litke A, Morrison RS. Association of age with analgesic use for back and joint disorders in outpatient settings. *Am J Geriatr Pharmacother.* 4(4):306-315. Dec 2006.

Deyo RA, Mirza SK, Martin BI. Back pain prevalence and visit rates: estimates from US national surveys, 2002. *Spine.* 31(23):2724-2727. Nov 2006.

Wofford JL, Mansfield RJ, Watkins RS. Patient characteristics and clinical management of patients with shoulder pain in US primary care settings: secondary data analysis of the National Ambulatory Medical Care Survey. *BMC Musculoskelet Disord.* 6(1):4. Feb 2005.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm