

National Ambulatory Medical Care Survey

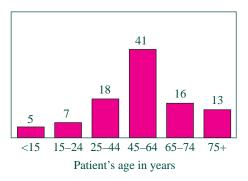
Factsheet

ORTHOPEDIC SURGERY



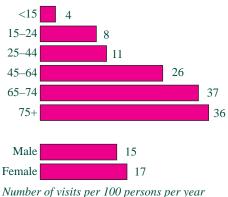
In 2009, there were an estimated 49 million visits to nonfederally employed, office-based physicians specializing in orthopedic surgery in the United States. More than half of the visits were made by persons aged 25–64 years.

Percent distribution of office visits by patient's age: 2009



The annual visit rate increased with age until age 74.

Annual office visit rates by patient's age: 2009



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Primary expected source of payment included:

- Private insurance 69%
- Medicare 26%
- Workers' compensation 10%
- Medicaid 6%

The major reason for visit was:

- New problem 35%
- Pre- or post-surgery/injury follow-up 28%
- Chronic problem, routine 20%
- Chronic problem, flare-up 15%

The top 5 reasons given by patients for visiting orthopedic surgeons were:

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

The top 5 diagnoses were:

- Arthropathies and related disorders
- Rheumatisms, excluding back
- Spinal disorders
- Sprains and strains
- Fracture of lower limb

Medications were provided or prescribed at 54 percent of office visits. The top 5 generic substances utilized were:

- Acetaminophen with hydrocodone
- Ibuprofen
- Acetaminophen with oxycodone
- Meloxicam
- Lidocaine

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



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

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):E1406–11. 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):460–4. 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. [Epub ahead of print]

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. [Epub ahead of print]

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):132–40; discussion 141. Jan 2007.

Deyo RA, Mirza SK, Martin BI. Back pain prevalence and visit rates: estimates from U.S. national surveys, 2002. *Spine*. 31(23):2724–7. Nov 2006.

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):306–15. Dec 2006.

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

Caudill-Slosberg MA, Schwartz LM, Woloshin S. Office visits and analgesic prescriptions for musculoskeletal pain in US: 1980 vs. 2000. *Pain*. 109(3):514–9. Jun 2004.

Riddle DL, Schappert SM. Volume of Ambulatory Care Visits and Patterns of Care for Patients Diagnosed With Plantar Fasciitis: A National Study of Medical Doctors. *Foot and Ankle Int'l*. 25(5):303–310. 2004.

Freburger JK, Holmes GM, Carey TS. Physician referrals to physical therapy for the treatment of musculoskeletal conditions. *Arch Phys Med Rehabil*. 84(12):1839–49. Dec 2003.

The complete list of publications using NAMCS data, which includes hundreds of articles and reports, is available on our Web site.