

AAOS Approves Appropriate Use Criteria (AUC) for Distal Radius Fracture Treatment

IMMEDIATE RELEASE

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ROSEMONT, Ill. – The American Academy of Orthopaedic Surgeons (AAOS) Board of Directors approved its first Appropriate Use Criteria (AUC). The topic of this first AUC is the treatment of [distal radius fractures](#), one of the most common fractures in the body. A fracture of the distal radius occurs when the area of the radius (the larger of the two forearm bones), near the wrist, breaks due to trauma.

AUC provide clinicians and patients with a measure of when, how and for whom medical and surgical procedures should be used.

“The Academy is taking yet another step forward to ensure that patients receive high-quality, cost effective and appropriate care by providing our members – and other medical personnel – with appropriate use criteria to help guide their clinical decision making,” says orthopaedic surgeon Kevin Bozic, MD, MBA, chair of the AAOS Council on Research and Quality.

According to orthopaedic surgeon William C. Watters III, MD, chair of the AUC section of the Committee on Evidence-Based Quality and Value, “AUCs help us marry the evidence-based literature and the expertise and experience of clinicians who are specialists in a specific topic area. Because randomized clinical trials are often not available or cannot apply to the wide range of patients seen in everyday practice, an AUC tells us what’s appropriate in most specialists’ eyes and what’s inappropriate in most specialists’ eyes. ”

The AUC process uses three separate panels:

- The *writing panel* combined clinical and procedural expertise with evidence-based information from the AAOS Clinical Practice Guideline on the treatment of distal radius fractures to define and describe the criteria for this procedure.
- The *review panel* provided suggestions regarding improvement of the materials constructed by the writing panel.
- The *voting panel* utilized clinical expertise of physicians from multiple medical specialties and evidence-based information to assign the appropriateness of various treatments for each of the patient scenarios developed by the writing group.

Important AUC Findings:

- This AUC covers 10 treatments and includes 216 common patient scenarios who might present to a clinician with a distal radius fracture.
- For each of the 216 patient scenarios, the 10 treatments were rated by the voting panel using a 9-point appropriateness scale. Treatments that received a median group rating of 7-9 were defined as “Appropriate”; treatments that received a median group rating of 4-6 were defined as “May Be Appropriate”; and treatments that received a median group rating of 1-3 were defined as “Rarely Appropriate”.
- Out of more than 2,000 different patient/treatment combinations:
 - 36 percent were rated as “Appropriate”

- 44 percent were rated as “May Be Appropriate”
- 20 percent were rated as “Rarely Appropriate”

“This is the kind of evidence that the Affordable Healthcare Act is asking of medical practitioners – quality-based and value driven,” says Dr. Watters. “These treatment recommendations also will be extremely helpful in aiding the patient-physician discussion.”

Complementing this AUC is a web-based app that is optimized to work on a wide range of devices, including Smartphones. The app (www.aaos.org/aucapp) allows the clinician to select a variety of patient characteristics, and, once submitted, receive appropriateness recommendations for each of the 10 treatments covered by this AUC.

Additional AUCs – covering a variety of orthopaedic conditions, diseases, and diagnostic procedures – will soon follow. The complete Treatment of Distal Radius Fracture AUC is available online at aaos.org/auc.

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Volunteer physicians from multiple medical specialties created and categorized these Appropriate Use Criteria. These Appropriate Use Criteria are not intended to be comprehensive or a fixed protocol, as some patients may require more or less treatment or different means of diagnosis. These Appropriate Use Criteria represent patients and situations that clinicians treating or diagnosing musculoskeletal conditions are most likely to encounter. The clinician’s independent medical judgment, given the individual patient’s clinical circumstances, should always determine patient care and treatment. Practitioners are advised to consider management options in the context of their own training and background and institutional capabilities

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