2013 RESOLUTIONS

An AAOS Resolution is an official statement of policy, adopted by majority vote of the AAOS Fellowship casting ballots and binding on AAOS and its Board of Directors. An AAOS Resolution is not a product of a systematic review, but rather Open Hearings and the opinions of AAOS Fellows.

Newly Adopted Resolutions

The Provision of Orthopaedic Care in Rural America
Academy – R2013A
Adopted July 2013

A. Resolved, that the American Academy of Orthopaedic Surgeons (AAOS) shall study the provision of orthopaedic care in rural areas of the United States, the degree to which access to orthopaedic care is limited or not available in these areas, and options for addressing these matters. (R2013A1)

Resident Duty Hours
Academy – R2013B
Adopted July 2013

A. Resolved, that the American Academy of Orthopaedic Surgeons (AAOS) shall work with other surgical and medical specialty societies to:

1. Encourage the ACGME to grant research exemptions from the current resident duty work hour restrictions to institutions for the purpose of conducting well designed studies of the effect of such mandates on patient safety and resident education that will develop a robust body of specialty-specific evidence upon which future resident duty hour decisions would be based; and

2. Oppose further resident duty work hour restrictions pending the results of such studies and until adequate GME funding is in place to finance these mandates. (R2013B1)

Review of Previously Adopted Resolutions

Support for Medical Savings Accounts (MSAs) and Health Savings Accounts (HSAs)
Association - R1998A
Adopted 1998; retained 2003 and 2008; modified and retained 2013

Resolved, that the American Association of Orthopaedic Surgeons shall continue to support legislation to encourage the development and use of Medical Savings Accounts (MSAs) and Health Savings Accounts (HSAs). [Modify and retain] (R1998A)
Physician Group Negotiations with Third Parties
Association – R1998B
Adopted 1998; retained 2003 and 2008; modified and retained 2013

A. Resolved, that the American Association of Orthopaedic Surgeons shall work in concert with the American Medical Association and other appropriate organizations to promote legal mechanisms to allow physicians to engage in group negotiations with third party insurers. [Retain] (R1998B1)

B. Resolved, that the American Association of Orthopaedic Surgeons shall keep the membership informed on physician group negotiation issues. [Retain] (R1998B2)

Enhanced Role of Practicing, Non-Surgical Orthopaedic Physician
Academy – R1998C
Adopted 1998; retained 2003, 2008 and 2013

A. Resolved, that the American Academy of Orthopaedic Surgeons shall continue to support members who provide non-surgical orthopaedic care. [Retain] (R1998C1)

B. Resolved, that the American Academy of Orthopaedic Surgeons shall continue to provide educational opportunities of particular interest for members who provide non-surgical orthopaedic care. [Retain] (R1998C2)

Health and Fitness Assessment and Maintenance
Academy – R1993A
Adopted 1993; modified and retained 1998 and 2003; retained 2008 and 2013

A. Resolved, that the American Academy of Orthopaedic Surgeons shall continue its efforts to promote health and healthy lifestyles through education of the Fellowship and the dissemination of information to the general public. [Retain] (R1993A1)

Surgical and Other Medical Society Cooperation
Regarding Health Care Reform
Association - R1993B

A. Resolved, consistent with the Unified Advocacy Agenda, the American Association of Orthopaedic Surgeons shall continue to promote and encourage individuals and other organizations to support federal legislation encouraging access to universal, affordable health care, including access to high value orthopaedic specialty care. [Modify and retain] (R1993B1)
Disability Insurance Policies
Association - R1993C
Adopted 1993; modified and retained 1998 and 2003; retained 2008 and 2013

A. **Resolved**, that the American Association of Orthopaedic Surgeons shall promote the position that disability insurance policies should include language which states that insured health care workers should be considered disabled and thus eligible for benefits when they are no longer physically capable of performing all the tasks required in their specialty or, because of the nature of their condition, they are prevented from practicing because of public health concerns. [Retain] (R1993C1)

Orthopaedic Surgeons as Highly Qualified and Cost-Effective Professionals
Association – 1993D
Adopted 1993; modified and retained 1998 and 2003; retained 2008 and 2013

A. **Resolved**, that the American Association of Orthopaedic Surgeons shall continue to promote orthopaedists as highly qualified and cost effective professionals for the management of the full spectrum of musculoskeletal diseases and injuries. [Retain] (R1993D1)