Editorial

Midterm

Gregory J. Golladay, MD, Editor-in-Chief

When editors reach a midpoint in their term, it is natural to reflect on the progress of their journal. I am honored to serve at the helm of Arthroplasty Today and lead a distinguished and diverse editorial board. It has been a remarkable journey to date, with incredible growth in our volume of articles, number of citations, and an interactive social media presence. We have a 2.0 CiteScore, and our Source-Normalized Impact per Paper has climbed to 0.962. Throughout this time, we have made great strides in promoting diversity in our journal board and have recently presented on both diversity and health disparities, aligned with Elsevier's stance [1-3]. In this issue, Rankin et al. report on the lack of diversity in direct-to-consumer advertising by medical device companies [4]. Awareness is the first step toward progress. Action is needed to achieve results. To that end, Arthroplasty Today is committed to continuing to publish in accordance with our commitment to diversity and inclusion.

In an era in which access to care is a touchpoint issue for patients, providers, payers, and politicians, the recent Supreme Court ruling, Dobbs v. Jackson Women's Health Organization [5], overturning Roe v. Wade, runs counter to the notion of access and will disproportionately affect those already underserved. The issue is now in the hands of state legislators. I encourage you to support advocacy efforts at the state level to promote access to care.

There are evidence-based articles in this issue that I hope you will read, share, and discuss in social media platforms. In an interesting viewpoint article, Roof et al. discuss the “hidden cost” of revisions [6], suggesting that a shift of revisions to centers of excellence may help cost and that aligning the work involved to the reimbursement would help incentive. Muscatelli et al. report that limiting infection surveillance data out to only 90 days misses 23.22% of primary total hip infections and 42.33% of primary knee infections, with similar proportions reported for revisions [7]. They suggested that extension of surveillance period is a quality improvement opportunity [7]. Zalikha et al. report that the “December effect” exists for arthroplasty, in that outcomes are better in this month than in others [8]. In a report of 2 cases, Diaz Dibernia et al. describe the clinical findings of 2 patients with adverse local tissue response to ceramic-on-ceramic bearings, an atypical bearing couple to have this biologic response [5].

I am pleased to congratulate several of our Editorial Board members on their accomplishments and accolades. Anna Cohen-Rosenblum, M.Sc., MD, was named the first female Hip Society/British Hip Society Traveling Fellow for 2022, a tremendous honor. Antonia F. Chen, MD, MBA, has more career achievements than I can list. But most recently, she was named Diversity, Equity, and Inclusion liaison to The Knee Society. Bryan Springer, MD, was recently inducted as the 32nd President of The American Association of Hip and Knee Surgeons. Brian J. McGrory, MD, MS, along with Co-Editor Jeffrey A. Geller, MD, has published a new textbook, The Anterior-Based Muscle-Sparing Approach to Total Hip Arthroplasty [10], due out July 31, 2022. It is humbling and inspiring to be on a journal board with such leaders and scholars.

Thanks as always to the wonderful support of the Editorial Board, reviewers, our The American Association of Hip and Knee Surgeons and Elsevier teams, and Taylor Bowen, who do a superb job of keeping the journal on track.

Conflicts of interest

G. Golladay receives royalties from Stryker, Inc., has received research support from KCI and Cerus, has received financial support from The American Association of Hip and Knee Surgeons, is on the editorial board for The Journal of Arthroplasty and Arthroplasty Today, and is a committee member for the AAHKS and a board member of the Virginia Orthopedic Society.

For full disclosure statements refer to https://doi.org/10.1016/j.artd.2022.07.013.

References

[1] Golladay GJ, Cohen-Rosenblum AR, Chen AF. Divers Arthroplasty Today 2022;15:180–1.
[2] Gaskin A, Hansen C, Cohen-Rosenblum A. Health disparities and diversity research presented at the American association of Hip and Knee Surgeons 2021 annual meeting. Arthroplasty Today 2022;15:6–8.
[3] Inclusion and diversity. 2022. www.elsevier.com. https://www.elsevier.com/about/inclusion-and-diversity [accessed 11.05.22].
[4] Rankin KA, Bahel A, Khunte A, Oris RJ, O’Connor MI, Wiznia DH. Total joint arthroplasty direct-to-consumer advertising by medical device companies lacks patient diversity. Arthroplasty Today 2022;16:96–100.
[5] https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf [accessed 07.03.22].
[6] Roof MA, Levine BR, Schwarzkopf R. The hidden cost of revision hip and knee arthroplasty. Arthroplasty Today 2022;16:167–8.
[7] Muscatelli S, Zheng H, Muralidharan A, Tolemar V, Hallstrom BR. Limiting the surveillance period to 90 Days misses a large portion of infections in the first year after total hip and knee arthroplasty. Arthroplasty Today 2022;16:90–5.
[8] Zalikha AK, Abbas RJ, Karabon P, Hussein IH, El-Othman MM. The Impact of month on joint arthroplasty in-hospital outcomes: the december effect. Arthroplasty Today 2022;16:101–6.
[9] Duz Dibernia F, Latore MR, Comba FM, Zanotti G, Shullitet P, Buttaro MA. Adverse local tissue reaction associated with ceramic-on-metal bearing surface in primary total hip arthroplasty: report of two cases. Arthroplasty Today 2022;16:63–7.
[10] Geller JA, and McGrory BJ (Editors). The anterior-based muscle-sparing Approach to total hip arthroplasty. Springer Nature, Cham, Switzerland, AG 2022. ISBN-13: 978-3031020582.