

**Total Hip Arthroplasty for Femoral Neck Fracture Is Gaining Popularity Among American Board of Orthopaedic Surgery Part II Oral Examination Candidates**

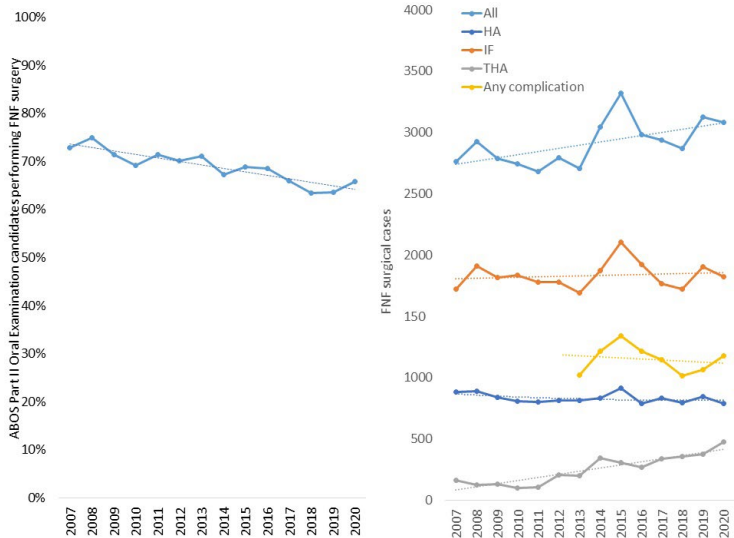
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**Purpose:** Femoral neck fracture (FNF) surgery in adults has been informed by multiple high-quality studies in the last 15 years. The behavior of American Board of Orthopaedic Surgery (ABOS) Part II Examination candidates ostensibly reflects trends in practice, which may respond to recent evidence. We sought to assess associations between fellowship training, procedure choice, and performance of FNF surgery on adults by ABOS Part II Examination candidates.

**Methods:** 10,038 candidates performing 40,722 FNF surgeries on adults between 2007-2022 were identified from the ABOS SCRIBE database. The exposure was type of fellowship training. Outcomes included candidate case volume, procedure performed (internal fixation [IF], hemiarthroplasty [HA], or total hip arthroplasty [THA]), complications, readmission, and reoperation.

**Results:** Fewer candidates (69% overall) reported FNF surgery while more candidates (87%) reported fellowship training over the observation period. Any complication (38%), readmission (11%), and reoperation (5%) were not significantly associated with fellowship training. The odds of any complication (odds ratio [OR] = -0.04 [95% CI -0.07 to -0.001] per 10 cases) and surgical complication (OR = -0.12 [95% CI -0.17 to -0.07] per 10 cases) were negatively associated with candidate FNF case volume. IF was performed in 25% of patients aged ≥60 years. THA for FNF increased from 6% to 15% of cases and was associated with adult reconstruction and oncology training. Any complication of THA for FNF (34%), readmission (9%), and reoperation (6%) were not significantly associated with fellowship training.

**Conclusion:** Over the last 15 years, FNF surgery was performed by fewer ABOS Part II Examination candidates with greater prevalence of fellowship training and greater use of THA. Complications were associated with FNF case volume but not fellowship training. Candidates should manage FNF with the appropriate procedure based on practice guidelines—and if not comfortable, consider further training or referral to an experienced surgeon.



The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device they wish to use in clinical practice.

POSTER ABSTRACTS