"This course covers the most exciting, innovative advances in orthopaedics, focusing on the significant patient benefits of the DAA."

— Past Attendee

**7TH ANNUAL**

**ICJR DIRECT ANTERIOR APPROACH HIP COURSE**

**JW MARRIOTT HOUSTON | HOUSTON, TX**

**SEPTEMBER 27 – 29, 2018**

[www.icjr.net/2018anterior](http://www.icjr.net/2018anterior)

**ABOUT INTERNATIONAL CONGRESS FOR JOINT RECONSTRUCTION (ICJR):** Founded in 2007, ICJR is a 501(c)(3) non-profit organization with a mission to provide a preeminent educational experience and content to the global orthopaedic community through a transparent and inclusive organization with consistent philanthropic contributions for research and education. Become a member of ICJR at: [www.icjr.net/icjr_membership](http://www.icjr.net/icjr_membership)
Dear Colleague,

On behalf of the International Congress for Joint Reconstruction (ICJR), we invite you to join us in Houston for the 7th Annual ICJR Direct Anterior Approach Hip Course. This is the premier course for orthopaedic healthcare professionals interested in learning more about the direct anterior approach (DAA) for total hip arthroplasty (THA).

This comprehensive three-day course will cover all aspects of the DAA, from patient selection to operative techniques for optimizing outcomes, from complex primary THAs to simple and not-so-simple revision procedures using this approach.

The 7th Annual ICJR Direct Anterior Approach Hip Course is designed for surgeons who are already using this approach and are interested in honing their skills. Our expert faculty members from the United States and Europe are eager to share their insights into the latest techniques, clinical outcomes, and perioperative protocols associated with this approach, including thorough instruction on how to incorporate the DAA into revision surgery practice.

Featured at this year’s meeting are:

- Live surgeries highlighting the DAA for primary and revision THA
- An extended bioskills lab that will allow optimal hands-on opportunities for learning (the lab is included in the course registration fee for physicians and allied health professionals)
- Sessions on incorporating enhanced recovery protocols and an outpatient arthroplasty program into practice
- Detailed didactic sessions and interactive case-based panel discussions covering all aspects of the DAA surgical technique
- Tips and tricks from the faculty on how to avoid complications with the DAA technique — and what to do if complications occur
- New This Year: “What’s New in Your OR? — Recipes for Success” This comprehensive presentation will feature a compilation of the resources, efficiencies, technologies, and process changes implemented by the course’s faculty in their OR’s. This information is intended to provide attendees with real-life examples they can implement to improve their operative experience with the direct anterior approach for total hip arthroplasty.

We look forward to seeing you in Houston for this dynamic educational experience!

Sincerely,

Stefan W. Kreuzer, MD
Inov8 Orthopedics
Houston, TX

Joseph T. Moskal, MD, FACS
Virginia Tech Carilion School of Medicine
Roanoke, VA

*Subject to change

CHAIRS & FACULTY

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Houston, TX

JOSEPH T. MOSKAL, MD, FACS
Virginia Tech Carilion School of Medicine
Roanoke, VA

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Irvine, CA

William P. Barrett, MD
Proloance Surgeons
Renton, WA

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Kristoff Corten, MD, PhD
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Wilmington, NC

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Vail, CO

Frederic Lauze, MD
Sport Clinic
Paris, France

Timothy P. Lovell, MD
Providence Medical Group
Spokane, WA

Theodore T. Manson, MD
University of Maryland Baltinmore, MD

John L. Masonis, MD
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Charlotte, NC

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New Haven, CT

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Johan S. Suarez, MD
Cleveland Clinic Florida
Weston, FL

Michael J. Taunton, MD
Mayo Clinic
Rochester, MN

Martin Thaler, MD
Medizinische Universität Innsbruck
Innsbruck, Austria

Anthony S. Unger, MD
George Washington University Medical Center
Washington, DC

JOIN US IN HOUSTON

For details visit www.icjr.net/2018anterior I info@icjr.net I +1-760-942-7859

REGISTER TODAY!
# Agenda

## Thursday, September 27, 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Welcome and Introductions</td>
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<tr>
<td>11:05 AM</td>
<td><strong>Economics</strong></td>
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<tr>
<td></td>
<td>What Is the Future of TJA and Hospital Systems?</td>
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<td>Why I Prefer Private Practice</td>
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<td>Why I Prefer Hospital Employment</td>
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<td>Overview of Bundled Payment Programs</td>
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<td>Implementation of Bundled Payment Programs</td>
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<td>Co-Management Arrangements</td>
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<td>Outpatient Arthroplasty: Where We Are and Where We Are Going</td>
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<td>Achieving the &quot;Quadruple Aim&quot;</td>
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<td></td>
<td>Q&amp;A and Discussion</td>
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<tr>
<td>12:55 PM</td>
<td><strong>LIVE SURGERY</strong></td>
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<tr>
<td>1:55 PM</td>
<td>Break</td>
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<tr>
<td>2:10 PM</td>
<td><strong>Outpatient Arthroplasty: When, Where, and Why?</strong></td>
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<td>Ambulatory Surgery Center</td>
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<td>Hospital</td>
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<td>I Want To Be Selective</td>
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<td></td>
<td>Q&amp;A and Discussion</td>
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<tr>
<td>2:55 PM</td>
<td><strong>Optimized Outcomes and Enhanced Recovery</strong></td>
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<td></td>
<td>Patient Education and Perception</td>
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<td>Patient Satisfaction: What to Do to Look the Best</td>
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<td>My Discharge Criteria: Faster Isn’t Always Better</td>
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<td>My Pain Protocol: Before and After Surgery</td>
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<td>My Wound Care and Prevention of Infection</td>
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<td>My Post-Discharge Support and Patient Monitoring</td>
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<td>Strategies and Tactics to Prevent Common Patient Phone Calls</td>
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<tr>
<td></td>
<td>Q&amp;A and Discussion</td>
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<tr>
<td>4:35 PM</td>
<td>Break</td>
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<tr>
<td>4:50 PM</td>
<td><strong>Operative Preparation and Planning</strong></td>
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<td></td>
<td>Literature Review: The Results of DAA</td>
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<td></td>
<td>The Learning Curve: “What Cases You Should not do Until #100”</td>
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<td></td>
<td>Pre-Operative Planning</td>
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<td></td>
<td>Patient Selection</td>
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<td>Handling Obese, Muscular, and Patients with Other Challenging Conditions</td>
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<td>Patient Positioning and Draping for Tableless Anterior Approach</td>
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<td>Optimizing OR Staff</td>
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<td></td>
<td>Q&amp;A and Discussion</td>
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<tr>
<td>6:20 PM</td>
<td><strong>WELCOME RECEPTION</strong></td>
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## Friday, September 28, 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>6:00 AM</td>
<td>Breakfast</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>What's New in Your OR? – Recipes for Success</td>
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<tr>
<td>7:20 AM</td>
<td><strong>The Acetabulum</strong></td>
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<td></td>
<td>Acetabular Exposure – How I Do It</td>
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<td>Cup Positioning – Imageless</td>
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<td>Cup Positioning – Image Assist</td>
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<td>Cup Positioning – Patient Specific System</td>
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<td>Cup Positioning – Navigation and Robotics</td>
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<td>Ramifications of Socket Position and Sizing: Impingement and Instability</td>
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<td>Managing the Dysplastic Acetabulum</td>
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<td>Managing the Protrusio Acetabulum</td>
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<td>Cup Positioning after Lumbar/Pelvic Fusion</td>
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<td>Q&amp;A and Discussion</td>
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<tr>
<td>8:50 AM</td>
<td><strong>LIVE SURGERY</strong></td>
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<tr>
<td>9:50 AM</td>
<td>Break</td>
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<tr>
<td>10:20 AM</td>
<td><strong>The Femur</strong></td>
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<td>Femoral Preparation and Releases With a Special Table</td>
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<td>Femoral Preparation and Releases Without a Special Table</td>
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<td>Avoiding Releases</td>
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<td>How Stem Design Can Help</td>
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<td>Osteoporosis/Elderly Patients</td>
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<td>Anterior Hip Hemiarthroplasty in 2018: Technique and Outcomes</td>
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<td>Revisiting Cement in 2018 and Video Technique</td>
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<td></td>
<td>Q&amp;A and Discussion</td>
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<tr>
<td>11:40 AM</td>
<td><strong>Keynote Speaker: Latest Updates in Healthcare Law</strong></td>
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<tr>
<td>12:05 AM</td>
<td><strong>INDUSTRY-SPONSORED LUNCHEON SYMPOSIUM</strong></td>
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<tr>
<td>1:15 PM</td>
<td><strong>Avoiding and Treating Complications</strong></td>
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<td>Incision and Wound Complications</td>
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<td>Lateral Femoral Cutaneous Nerve (LFCN) Neuroparxia</td>
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<td>Periprosthetic Fracture – Femur</td>
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<td>Periprosthetic Fracture – Acetabulum</td>
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<td></td>
<td>Instability</td>
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<td>Leg Length / Offset Inequality</td>
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<td>Psoas Tendon Pain</td>
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<td>Infection</td>
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<td>Q&amp;A and Discussion</td>
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</table>

*Subject to change  **Not eligible for CME
FRIDAY, SEPTEMBER 28, 2018 continued

2:50 PM  **LIVE SURGERY**

3:50 PM  BREAK

4:20 PM  Good Outcomes from Bad Circumstances: Most Challenging Cases
- Complex Primary THA and Conversions
- Femoral Deformities
- Pelvic Deformities
- Panel Discussion
- Q&A and Discussion

5:55 PM  Revision THA
- Head/Liner Exchange
- Acetabular Revision, With and Without Iliac Crest Osteotomy
- Extending the DAA Distally for Revision and Periprosthetic Fractures
- Component Removal: Tips, Tools, and Techniques
- DAA Results of Severe Acetabular Revisions
- Proximal Femoral Replacement
- Q&A and Discussion

SATURDAY, SEPTEMBER 29, 2018

6:00 AM  BREAKFAST

7:00 AM  Video Vignettes — Revision THA

8:00 AM  **LIVE SURGERY**

9:00 AM  Transportation to lab (MITIE)

9:45 AM¹  Case Reviews: Difficult and Interesting THAs

9:45 AM¹  Bioskills Demonstrations

10:45 AM  Move to lab; change into scrubs

11:05 AM  Hands-On Bioskills Workshop²

2:05 PM  Transportation to Hotel or Airport

¹Concurrent Sessions  ²Subject to change  ³Not eligible for CME

PA SESSIONS

NEW THIS YEAR: SESSIONS FOR PAs!

We have some exciting news: By popular demand, we’ve added PA Sessions to this year’s meeting to address some of the clinical issues physician assistants face every day.

Topics our faculty will discuss during the physician assistant sessions include:
- Patient selection and optimization
- Evaluating the painful hip
- Preoperative templating
- Wound closure and dressings
- Prophylactic measures for DVT

In addition, we’ll have a special lab session highlighting:
- Room set up, including special operating tables
- C-arm position and image interpretation
- Retractor positioning and exposure tips
- Periarticular injections
- Lateral femoral cutaneous nerve injury

This is a great way for physician assistants to amp up their skills!
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HOUSTON, TX | SEPTEMBER 27 – 29, 2018

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REGISTRATION & LOCATION

REGISTRATION

<table>
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<tr>
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<th>SUSTAINING MEMBER</th>
<th>NON-MEMBER/ BASIC</th>
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<tbody>
<tr>
<td>PHYSICIAN</td>
<td>$895 Lab included</td>
<td>$995 Lab included</td>
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<tr>
<td>ALLIED HEALTH</td>
<td>$450 Lab included</td>
<td>$550 Lab included</td>
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</table>

FELLOWS & RESIDENTS
Registration: FREE
Lab fee: $300

REGISTER ONLINE TODAY AT WWW.ICJR.NET
Please see website www.icjr.net/2018anterior for information regarding registration fees, payment methods, and cancellation policy.

MEETING LOCATIONS & ACCOMMODATIONS

DIDACTIC SESSIONS & ACCOMMODATIONS
JW Marriott Houston
5150 Westheimer Road
Houston, Texas 77056 USA
+1 713-961-1500

BIO SKILLS LAB
Methodist Institute for Technology Innovation & Education (MITIE)
6670 Bertner Avenue
5th Floor
Houston, TX 77030

HOTEL RESERVATIONS
ONLINE: https://aws.passkey.com/go/ICJR18
PHONE: +1 (800) 228-9290
Please mention “2018 ICJR DAA Hip Course”

ATTENDEES are responsible for their own travel and accommodation arrangements. A limited number of rooms are blocked at JW Marriott Houston. The group rate is guaranteed until September 5, 2018, or until supplies last.

SERVICES FOR THE DISABLED
If you require special accommodations, contact ICJR by email at info@icjr.net or call +1-760-942-7859 a minimum of 30 days before your arrival so that we may assist you.

IMPORTANT DATE!
Housing closes September 5, 2018. Reserve your rooms early as the hotel fills quickly!

LEARNING OBJECTIVES

• Identify key areas of the direct anterior approach surgical procedure, such as locating the interval between tensor fasciae latae and sartorius, ligating the lateral femoral circumflex vessels, mobilizing and elevating the femur to ream the distal canal, and correctly positioning the cup.

• Compare and evaluate the design rationales, clinical outcomes, and features of different hip implants related to their appropriate use in the direct anterior approach for total hip arthroplasty (THA).

• Discuss the patient selection criteria used to identify patients for whom primary or revision THA through the direct anterior approach may be indicated, as well as those for whom this approach may be contraindicated.

• Identify and discuss perioperative treatment protocols specifically related to direct anterior approach in THA, including pain management, prophylaxis of deep vein thrombosis (DVT), control of bleeding, prevention and management of infection, and rehabilitation, including the roles of staff in each of these steps.

• Discuss and compare the clinical outcomes for direct anterior approaches versus other surgical approaches for THA, including length of stay, rehabilitation, postoperative restrictions, occurrence of infection and DVT, pain management, and return to activities of daily living.

• Discuss key surgical steps for performing revision THA through the direct anterior approach, including extensive skin incisions, removal of acetabular components, use of grafts to manage acetabular defects, and the removal of well-fixed femoral components using a proximal or distal osteotomy.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Foundation for Orthopaedic Research & Education (FORE) and the International Congress for Joint Reconstruction (ICJR). FORE is accredited by the ACCME to provide continuing medical education for physicians. FORE designates this live activity for a maximum of 15.75 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

PLANNING COMMITTEE

Janine Hartfield  Jason Heath  Richelle Lopez
FORE  ICJR  ICJR

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