Technology to Improve Practice Efficiencies

Orrin I. Franko, MD

California Orthopaedic Association
Annual Meeting 2015
Disclosures

- Founder/Owner of www.TopOrthoApps.com
- AAOS Disclosures

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<th>Disclosures</th>
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<td>DrawMD, CARE, Insights Orthopedics, iOrtho+, Mobile Coder, BoneFeed, CORE, My Knee Guide, 3D4Medical, PingMD, DocSpera</td>
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<td>Item 2</td>
<td>Arthrex, Zimmer</td>
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<td>Item 3C</td>
<td>OrthopaedicsOne, OrthoMind</td>
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<td>Item 4</td>
<td>CARE LLC, Docspera</td>
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<td>Item 8</td>
<td>American Journal of Orthopedics, Journal of Mobile Technology in Medicine, Orthopedics Today Magazine (Healio)</td>
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<tr>
<td>Item 9</td>
<td>California Orthopaedic Association Technology Committee, Journal of Bone and Joint Surgery Resident Committee, POSNA Resident Review</td>
</tr>
</tbody>
</table>

*Updated disclosures can be found at www.aaos.org*
Effect of 900 MHz electromagnetic fields emitted from cellular phones on fracture healing: an experimental study on rats

Ahmet ASLAN¹, Tolga ATAY², Kanat GÜLLE³, Vecihi KIRDEMİR², Ahmet ÖZDEN⁴, Selçuk ÇÖMLEKÇİ⁵, Nevres Hürriyet AYDOĞAN⁶

¹Department of Orthopedics and Traumatology, Afyonkarahisar State Hospital, Afyonkarahisar, Turkey;
²Department of Orthopedics and Traumatology, Faculty of Medicine, Süleyman Demirel University, Isparta, Turkey;
³Department of Histology and Embryology, Faculty of Medicine, Bülent Ecevit University, Zonguldak, Turkey;
⁴Department of Radiology, Private Anadolu Hospital, Kastamonu, Turkey;
⁵Department of Electronics and Communication Engineering, Faculty of Engineering, Süleyman Demirel University, Isparta, Turkey;
⁶Department of Orthopedics and Traumatology, Ankara Training and Research Hospital, Ankara, Turkey
RF EMF at 900 MHz emitting from cellular phones has a prominent **negative** effect on bone fracture healing in a rat tibia fracture model.
What are “Technologies?”

- Wireless access
- Digital information storage
- Mobile devices (phones, tablets)
- The “cloud”
- Social media networks
- Automated communication services
What will change?

Education
- Virtual surgery and teaching modules
- Literature search and evaluation tools
- Board review and MOC exams
- Surgical videos
- ACGME milestone assessments
- Case sharing

Patients
- Online diagnostics
- Follow-up
- Referrals
- Clinic ratings
- Outpatient evaluations/questionnaires
- Intraoperative device usage

Clinics
- Referrals/reputation
- Physician rating sites
- Website search results

Compensation
- US News and World Rankings
- Objective outcomes for quality measures

Everything!!!
The potential benefit:
Goals

- Update on new/emerging technologies
- Review available literature
- Guide/advise safe integration
- Acknowledge risks/limitations
- Learn something new
- Improve your practice
- Increase awareness of what is coming
Topics to Address

- Digital Outcome Assessments
Electronic Outcome Measures

- “Pay for Performance”
- Clinical outcomes difficult to measure
- Objective outcomes required for research
- Pencil/Paper is time consuming
  - For both patient and provider
Validating TouchScreen Data Entry

- Touchscreen installed in orthopaedic clinic
- Patient asked to complete ODI or Oxford Shoulder
- 1348 patients, avg age 50 yrs
- 93% willing to use the touch screen again
- 2/3 found it easier than expected
- Only 10% prefer a paper score

Orthopaedic outcome scores can be collected in very large volumes using a touchscreen. The method is acceptable to patients, independent of age and computer experience.

Outcome scores collected by touchscreen: as it should be in the 21st century?

At-Home Web-Based Questionnaire

- Gakhar et al. 2013
  - Tested a web-based questionnaire for total joint patients
  - 82 patients included in study
  - Directed to myClinicalOutcomes.co.uk for Oxford score
  - Comparable scores obtained at home compared to clinic

- Conclusion: “Remote web-based collection of patient reported outcomes may facilitate enhanced and efficient follow-up of patients”

Prospective study of 223 hand clinic patients randomized to paper vs tablet
- 43% of paper / 13% tablet had 1 question omitted
- 14% of paper / 4% tablet not scoreable
- Time to complete: 3.1 min paper / 4.3 min tablet
- “Administration of the DASH via a tablet computer resulted in more complete data, slightly increased responder burden…”

Prospective study of 222 patients with paper then 264 patients with tablet
- 12% were unscorable (24% paper, 2% electronic)
- More questions omitted in paper version
- Electronic survey 14-times more likely than paper for scorable DASH
- “Administration of the DASH with a tablet computer may be beneficial for both clinical and research endeavors to increase completion rate and to gain other benefits from electronic data capture”

App-Based Questionnaire

- **OrthoScore** ($0.99)
  - Shoulder: ASES, Constant
  - Knee: Cincinnati, Lysholm, IKDC
  - Hip: Hip Outcome Score, HOS Sports Subscale, Modified Harris Hip Score
# Knee Injury and Osteoarthritis Outcome Score (KOOS)

**Instructions:** This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box. If you are unsure about how to answer a question, please give the best answer you can.

**Symptoms** - These questions should be answered thinking of your knee symptoms during the last week.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1. Do you have swelling in your knee?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S3. Does your knee catch or hang up when moving?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S4. Can you straighten your knee fully?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S5. Can you bend your knee fully?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stiffness** - The following questions concern the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>S6. How severe is your knee joint stiffness after first waking in the morning?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S7. How severe is your knee stiffness after sitting, lying or resting later in the day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal: 0
SF-36 Questionnaire

CPT Code:

ICD-9 Code:

Please fill out your demographics then answer the 36 questions of the Health Survey completely, honestly, and without interruptions.

First Name:
OrthoScore (App)

Hip

Modified Harris Hip Score

Hip Outcome Score

HOS Sports Subscale

Shoulder

ASES Shoulder Score

Constant Shoulder Score

Knee

Cincinnati Knee Scale

IKDC Subjective Knee Eval

Lysholm Knee Scale

Lysholm Knee Scale

Locking Sensation

(15) No locking or locking sensation

(10) Has the sensation, but no locking

(6) Occasional locking

(2) Frequent locking

(0) Joint locked at examination

Finished!

Email Score

Reset Score

Scores can be emailed multiple times. Reset the score to clear all answers and return to the start.

* Note: numeric entry or multiple selection questions are considered complete by default, please ensure you have answered these questions.
SF-36 (App)

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all
SMS to Improve Data Collection

- 80 orthopaedic patients randomized to:
  - (1) Letter, (2) Letter + SMS, (3) Letter + SMS + Tablet

Google forms
FOR BUSINESS
Topics to Address

- Digital Outcome Assessments
- Patient Education Tools
Patient Education

- One of our PRIMARY responsibilities
- Patients are sophisticated
  - They will seek information without us
    - Web
    - Apps
    - Magazines
- Visual and interactive learners
- Leverage “waiting room time”
- Provide information to read at home
- Encourage communication
- Disseminate legitimate medical information
Tablets in Trauma: Using Mobile Computing Platforms to Improve Patient Understanding and Experience

- Evaluated patient reported outcomes after using tablet to share patients’ radiographs
  - 50 patients in study

- Revealed significant improvement in…
  - Perceived involvement in care decisions
  - # of patients given the “right” amount of information
  - 45/46 reported it helped them understand the surgeon
  - Satisfaction score for surgeon
3D4 Medical Consultation App
Side image showing large area of Achilles tendon thickening with some fluid within; typical for mid-substance.
Topics to Address

- Digital Outcome Assessments
- Patient Education Tools
  - Apps
App Trends 2009 - 2014

- 120+ iPhone/Android apps
  - Patient Care
  - Patient Education
  - Surgeon Education
  - Clinical Reference

- 80+ iPad apps
  - Surgical Reference
  - Orthopaedic Device Catalog
  - Anatomy/Imaging
  - Electronic Medical Reference
  - Journals/Books

Medical App Research…

Franko, Andrawis, Mickelson. Mobile Apps for Orthopaedic Surgeons: How Useful are They? In press.
Tested 34 knees with novel iPad application

Software utilized image analysis

Conclusion: Image analysis technique facilitates a simple, reliable and affordable measurement to evaluate the lateral pivot shift test.
Created custom app, "SmartJoint"

Tested on 35 knees, compared to KT 1000

Conclusion:
The performance of SmartJoint is comparable and highly correlated with measurements obtained from KT 1000. SmartJoint may provide a truly portable, noninvasive, accurate, reliable, inexpensive and widely accessible method to characterize ATT in ACL-deficient knee.

App Caveats

- Currently 250-300 “ortho” apps
- 76% of residents use apps
  - Increasing trend
- Risks
  - No regulatory oversight (FDA, Apple approval)
  - Hospital policies lacking/unenforceable
- Recommendations
  - 3rd party evaluations
  - Evaluate the author/creator
  - Proceed with caution

www.TopOrthoApps.com

- Founded in 2011
- Currently >200 app reviews
- Find apps by specialty/rating

**Visible Body Knee Arthroplasty**
Download our interactive app that demonstrates use of the Aquamantys® System in total knee arthroplasty

Download Visible Body Knee by Medtronic Inc.

**Recent iPhone Reviews**
- SLIC
- HandDecide
- Skeleton System Pro III

**Recent iPad Reviews**
- AgingSpine
- Aesculap OrthoPilot USA
- AAOS Now

**Recent Android Reviews**
- Knee Pain
- Tumorpedia Foot and Ankle
- BoneFeed
Disease Information Apps

- My Knee Guide
- HandCare
- Heel Thy Tendon
- Shoulder Pain
- DrawMD Orthopedics
- Orthopaedic Patient Information
My Knee Guide

- Created by surgeon in Daytona Beach, FL
- Peri-operative TKA information
HandCare (ASSH)
Heel Thy Tendon

- Created by surgeon in Lewisburg, PA
- Utilizes office handouts for information
Physical Therapy Apps

- CARE for Patients
- PhysioMD
- iOrtho+
- Throw Like a Pro
- iPrevent Running Injuries
- iPrevent ACL Injuries
Care for Patients

- Started in San Diego
- Personalized PT
- Subscription service
Throw Like a Pro

- Sponsored by Dr. Jim Andrews
- Provides formal recommendations
- High-quality developers
Best Apps for Surgeons

- Ortho Traumapedia
- AO Surgery Reference
- Insights Orthopedics
- ICUC
- JBJS Reviews, JAAOS, etc.
- AO Orthogeriatrics
Ortho Traumapedia

- Created by a resident

Ortho Traumapedia

Dislocations

- Acromioclavicular
- Ankle
- Carpal
- Carpometacarpal (CMC)
- Elbow
- Hip
- Knee
- Metacarpophalangeal (MCP)
- Metatarsophalangeal (MTP)
- Midtarsal (Chopart)
- Patellar

Acetabulum

**Facts**

- Latin for a small cup used to store vinegar
- Fractures occur primarily in young adults, resulting from high-energy mechanisms such as MVC and high velocity falls
- Geriatric acetabular fractures are typically low-energy falls
- Acetabulum is formed by the confluence of the ilium, ischium and pubis within the innominate bone
- Quadrilateral plate forms the medial wall
- 40% of femoral head is covered by the acetabulum
- Hip joint has inherent stability due to bony and soft tissue anatomy
  - Fibrocartilaginous labrum deepens the acetabulum, increasing coverage and stability
  - Thick capsule and ligaments (iliofemoral, pubofemoral and ischiofemoral) provide further support
  - Soft tissue structures including the labrum

Associated patterns:

- Posterior column and posterior wall: associated with posterior hip dislocation complicated by sciatic nerve injury
- Posterior wall fragment is commonly displaced and rotated

Acetabulum

- Gull sign: spike of bone that protrudes laterally from acetabulum
- Implies posterior wall fracture

Normal AP pelvic image

- Judet views
  - Iliac oblique
  - Obturator oblique

 elementary patterns

Posterior wall

Posterior column

Anterior wall

Anterior column

Transverse
AO Surgery Reference

The lateral approach is used for insertion of a sliding hip screw or multiple screws after closed reduction of a proximal femoral fracture. Incision can be extended to accommodate a trochanteric osteotomy.

Insertion of the femoral neck screw

The correct screw is mounted on the handle and inserted over the guide wire. By turning the handle it is advanced into the bone. Do not push forcefully or you may distract the fracture.

In young patients with hard bone, it is best to use the tap to precut the thread for the screw. Otherwise the screw may not advance, and you may actually displace the fracture by twisting the handle.
Insights Orthopedics
AO: 11-C2 / 60y
Overall Assessment: Not Recommended

<1 Week

Surgical Approach
Deltoidectomy extended approach. Locked plate.

Highlights
A not elegant approach, insufficient reduction. Plate overlaps epiphyseal groove. Intrarticular screw. Self-drilling screws should not be used at the humeral head.

Extra Articular
Valgus Impacted
Varus Displaced

ICUC Library
Reference Cases
Expert Opinions

X-Ray View Tips
Retraction of the Cephalic
Avoid using Sharp Screws

4 Fragment Valgus
"The Room" Theory
Philos Drilling Tips
I usually put the cephalic vein on the lateral side.

Patient in supine position

Quite bad function.

This does not look too bad. I think the head is too much in varus.

I like to perform the reduction first and then insert the screws.
Preliminary Results of a New Test for Rapid Diagnosis of Septic Arthritis with Use of Leukocyte Esterase and Glucose Reagent Strips

Abstract

Background: Most currently used tools to diagnose septic arthritis are either not readily available or fail to provide real-time results. Reagent strip tests have identified infections in various body fluids. We hypothesized that combined leukocyte esterase and glucose strip tests can aid in diagnosing septic arthritis in native synovial fluid because (1) leukocyte esterase concentrations would be elevated at the infection site because of secretion by recruited neutrophils, and (2) glucose concentrations would be reduced because of bacterial metabolism.

Methods: We prospectively investigated synovial fluid from consecutive patients with an atraumatic joint effusion who underwent arthrocentesis in our emergency department during a one-year period. Leukocyte esterase and glucose strip tests were performed on the synovial fluid. Synovial fluid leukocyte count, crystal analysis, Gram staining, culture, and glucose concentration results were also assessed.

Results: Nineteen fluids were classified as septic and 127 as aseptic. Considering septic arthritis to be present when the leukocyte esterase reading was positive (++ or ++++) and the glucose reading was negative (-) yielded a sensitivity of 89.5% (95% confidence interval [CI], 86.9% to 92.7%), specificity of 99.2% (95% CI, 95.7% to 99.9%), positive predictive value of 94.4% (95% CI, 72.7% to 99.9%), negative predictive value of 98.4% (95% CI, 94.5% to 99.8%), positive likelihood ratio of 114, and negative likelihood ratio of 0.11. The synovial leukocyte counts and polymorphonuclear cell percentages were consistent with the semiquantitative readings on the leukocyte esterase strip tests, and the glucose concentrations were consistent with the glucose strip tests.
Topics to Address

- Digital Outcome Assessments
- Patient Education Tools
  - Apps
- Mobile Communication / Sharing
MedTunnel for Texting/Documents
DocSpera for Case Sharing

Real-Time Access to Surgery Schedule and Pre-op Information

- Mobile access to surgical schedule including pre-op info, case images, and logistics.
- Collaborative schedule with alerts and confirmation across all care delivery members.
- Integrated device rep access for improved coordination.

Available on the App Store
Get it on Google play
PingMD for Provider Communication

- Medication Reconciliation
- Post-Procedural Follow-up
Topics to Address

- Digital Outcome Assessments
- Patient Education Tools
  - Apps
- Mobile Communication / Sharing
- Online Reputation Management
About Orrin I. Franko, MD

Background

Orrin Franko - Curriculum Vitae

Harvard Medical School, Class of 2009

Undergraduate
University of California, San Diego, La Jolla, CA
BS, Biology, Summa Cum Laude 2001-2004

Medical
Harvard Medical School, Boston, MA
Number of Visits: 687

- Administrative Options to Manage Your Website
  Note: if you wish to completely remove your site, please contact Orthodoc@aaos.org with your request.
- Change or Remove Your Practice Name
- Add Other Staff in Your Practice
- Change or Reset How Your Name is Displayed
- Add Your Approach to Treatment
- Change or Remove Facebook Link
- Change or Remove Twitter Link
- Treatment, Anatomical Specialties, Patient Ages
Unique Features

- Improve your search engine position (SEO)
- Advertise yourself
- Introduce your staff
- Patient intake forms and consent forms
- Post-op instructions
- Maintain a blog / share interesting articles
- Provide verified disease information / videos
- Appointment requests
- Online outcome questionnaires
- Workers’ Compensation information
- View actual wait times
- Collect payments
- Patient portal / messaging / communication
Beyond a website...
Personal Practice Apps

HAND.MD

About Your Condition
Instructional Videos
Your Provider
More Info

Orrin Franko, MD
Orthopaedic Surgeon

UCSD Orthopaedic Surgery
200 West Arbor Drive MC #8694
San Diego
CA, 92123

Phone
619-543-7247

Website
Click Here

Anatomy and Injury

The shoulder joint consists of the humerus (arm bone), the glenoid (part of the scapula bone), the labrum, and the surrounding tendons and ligaments. The humeral head sitting in the glenoid can be thought of as a "golf ball on a tee" because of the large humeral head and small labrum. As a result, the shoulder has a very large range of motion, but in exchange loses stability and is easily injured or dislocated. The four most important muscles and tendons that surround and stabilize the shoulder are the rotator cuff muscles: supraspinatus,
Topics to Address

- Digital Outcome Assessments
- Patient Education Tools
  - Apps
- Mobile Communication / Sharing
- Online Reputation Management
  - Social Media
Twitter Account

- 191 accounts listed “orthopedic surgeon”
- Small percent of total orthopaedic surgeons
- Mostly professional posts for patient education
- May be most appropriate for younger populations; e.g. Sports Medicine

Personal Testimony

- Medicine is a commodity
  - Patients have many options
- Allows you to “stand out”
- Essentially “free” to do
- Takes about 1-minute/week
- Can have surprising effects
  - Mary Lou Retton tweet
- Provides website content
- It’s FUN to do
Topics to Address

- Digital Outcome Assessments
- Patient Education Tools
  - Apps
- Surgical Simulators
- Mobile Communication / Sharing
- Online Reputation Management
  - Social Media
  - Physician Rating Websites
About Physician Rating Sites

- 37% of Americans consult online ratings for physicians
- ~30% select/avoid physicians because of those ratings
- Ortho has 2\textsuperscript{nd} highest number of views among 170 specialties
- One study examined 1299 IM physicians from 2011-2012
  - Developed Quality Measures (QM) based on medical record and patients
  - Compared them to online physician rating sites
  - 61% of physicians had online reviews
    - 5.6 reviews/physician
    - Average rating of 81.6%
  - Web-rating and clinical QMs had no correlation
  - Web-rating and patient experience QM had small correlation

Online Ratings of Orthopedic Surgeons: Analysis of 2185 Reviews

- Surveyed 4 physician-rating sites in Sept 2012 for St. Louis
- Mean rating for Ortho Surgeons = 81.8
- 5 variables statistically significant to determine rating
  → knowledge, bedside manner, scheduling, time with patient, wait time

Conclusion:
- Online rated surgeons tend to receive generally high ratings
- Ratings may not correlate with skill, but still influence patient decisions
- “…important that surgeons take ownership and proactively ask patients with positive experiences to submit surveys…”

<table>
<thead>
<tr>
<th>Website</th>
<th>Mean Overall Rating</th>
<th>Questions in Survey</th>
<th>Surgeons Reviewed</th>
<th>Reviews Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthGrades.com</td>
<td>89%</td>
<td>6</td>
<td>121</td>
<td>822</td>
</tr>
<tr>
<td>Vitals.com</td>
<td>77%</td>
<td>7</td>
<td>87</td>
<td>555</td>
</tr>
<tr>
<td>UCompareHealthcare.com</td>
<td>78%</td>
<td>6</td>
<td>129</td>
<td>511</td>
</tr>
<tr>
<td>RateMDs.com</td>
<td>77%</td>
<td>4</td>
<td>92</td>
<td>297</td>
</tr>
</tbody>
</table>

Physician Rating Sites

**Dr. Orrin I Franko MD**

4.0 ★★★★★/5
2 reviews

Surgical Specialist, Orthopaedic Surgeon
1 year of experience

Hillcrest
200 W Arbor Dr
San Diego, CA 92103
Phone number & directions

[Read Reviews] [Check Insurance Plans]

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**Patient Reviews**

<table>
<thead>
<tr>
<th>Overall Rating</th>
<th>Total Ratings</th>
<th>Total Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 ★★★★★</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ratings</th>
<th>Ease of Appointment</th>
<th>Promptness</th>
<th>Courteous Staff</th>
<th>Accurate Diagnosis</th>
<th>Bedside Manner</th>
<th>Spends Time With Me</th>
<th>Follows Up After Visit</th>
<th>Average Wait</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 stars</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>5 minutes</td>
</tr>
</tbody>
</table>

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**Review**: ★★★★★ Great doctor

Mar 25th, 2010

Dr. Franko is a great doctor. Before my surgery, my nurses wanted to start IV fluids. I'm scared of needles, and Dr. Franko was able to convince them that I didn't need fluids.
Options to Address Bad Reviews?

- **Red X** Ask the site to remove a review
  - Nearly impossible (website terms of service)

- **Red X** Get a lawyer
  - Costly, “poor form,” can instigate more posts

- **Red X** Ignore it
  - Changes nothing

- **Green Check** “The solution to pollution is dilution”
  - Prepare for bad reviews by encouraging good ones
Final Thoughts…

- Change is coming
- Unknown which technology will succeed
- Not for every surgeon / every patient
- Low barriers to creating knowledge
- Peer review is critical (and lacking)
- Risk assumed by the surgeon
- Filtering tools available
- Early adoption sacrifices time
- Late adoption sacrifices results

Find a balance, have fun
HOTTEST New Apps for Orthopaedic Surgeons

Email: Orrin@TopOrthoApps.com