

Thumb CMC Arthroplasty Preferences

1. What is your preferred technique in treating isolated thumb CMC arthritis? *

- Trapeziectomy (alone)
- Trapeziectomy with ligament reconstruction (LR)
- Trapeziectomy with tendon interposition (TI)
- Trapeziectomy + LRTI
- Trapeziectomy + suspensionplasty
- Suture button suspension
- Prosthetic arthroplasty
- Arthrodesis
- Other

2. If the technique you use is not listed or you selected "other," please describe.

Long answer text

3. Why do you prefer the above technique? Choose all that apply. *

- Simplicity
- Fewer complications
- Improved range of motion or thumb mobility
- Better pinch strength
- Shorter immobilization
- Quicker recovery
- Maintains trapezial height
- Less proximal migration of the thumb metacarpal
- Minimally invasive
- Avoids autogenous tissue harvest
- Less postoperative pain
- Familiarity
- That's what I learned in fellowship

4. Please describe any other rationale behind your preferred technique. *

Long answer text

5. Please describe any techniques that you have tried, find less preferable, and the reasons why. *

Long answer text

6. Primary training: *

- Orthopaedic Surgery
- Plastic Surgery
- General Surgery

7. Hand fellowship trained: *

- Yes
- No

8. How many operations for thumb CMC arthritis do you perform in a year? *

- 0-10
- 11-20
- 21-30
- 31-50
- >50

9. Number of years in practice: *

Short answer text

10. Type of practice: *

- University or Academic
- Private practice
- Kaiser Permanente
- Hospital Employed
- Locums
- Government