

8. Resurfacing of the patella in total knee arthroplasty with a plastic button to articulate against the metal femoral component is generally recommended in inflammatory arthropathies.⁶ An unresurfaced patella increases rates of anterior knee pain and decreases rates of overall satisfaction, but decreases the rates of long-term complications due to failure of the supporting patellar bone stock and subsequent fractures. The situation is complicated by the fact that most patients with inflammatory arthropathies have the posterior cruciate ligament resected and substituted for at the time of knee arthroplasty, which increases the sagittal shear on the patella-femoral joint.

9. Computer-assisted total knee arthroplasty has been shown to reduce outliers in component positioning and overall limb alignment, and has subsequently been shown to improve survivorship.⁷ It is likely that computer-assisted surgery will continue to evolve into robotic surgery, with more future procedures being allocated to robotic preparation. The role of the future surgeon will be to instruct the patient-specific implantation plan and then manage the robotic systems, much like occurs in aviation.

10. National joint replacement registries have improved the outcomes of joint replacements around the world, disseminating implant-specific results to surgeons both nationally and internationally.⁸ Because the incidence of failure, especially in the short term, is low in arthroplasty, large numbers of patients are required to be studied over decades in order to provide meaningful insight. Randomized clinical trials are generally not practical for such outcome metrics. The Canadian Joint Replacement Registry (CJRR), under the umbrella of the Canadian Institute of Health Information (CIHI), oversees the

registration of implanted hip and knee prostheses in Canada and is part of the International Society of Arthroplasty Registries (ISAR).

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UPDATE: STAND UP AND BE COUNTED!

The CRA launched a national rheumatology workforce survey called **Stand Up and Be Counted** in March 2015. The objective of the survey is to determine the current workforce capacity for rheumatology care in Canada and to map the geographic distribution of rheumatologists. This work will help us estimate our current workforce capacity to care for our patients, plan for the future, inform model of care development, and support advocacy efforts for our specialty.

To date, more than 325 rheumatologists have responded to the survey. Your participation is critical in ensuring the success of this work. It is not too late to **Stand Up and Be Counted!** The survey will remain open until August 2015. Please contact claire@rheum.ca to receive your link to complete the survey.