

Mission Statement and Disclosure Form

Updated 2/23/2023 TPG.

A note from Dr. Gross: "I am a specialist in the field of hip and knee replacement. I am in private practice but involved in clinical research, teaching, and orthopaedic implant development. I perform all my surgeries personally, with the assistance of Lee Webb, DNP. No residents or fellows conduct your operation. Visiting surgeons are occasionally present to observe my operations but do not participate in the operations themselves.

I have received royalties and research support from various orthopaedic implant companies. I am not paid for the hardware used in your surgery - implants in the Columbia marketplace are excluded from my royalty contract. I will answer any specific questions you have regarding implants to be used in your operation.

It is the standard of care for joint replacement surgeons to provide long-term follow-up evaluations for their patients. Although we do bill for these services, we primarily earn our living from surgery. As a surgeon involved in clinical research, it is particularly important to me to continue a long-term relationship with all patients on whom I operate.

I use data gathered in my practice as material for informing patients, improving my outcomes, teaching, scientific presentations, and clinical papers. Patient identity is carefully protected in all mediums. (The only exception is for patients who specifically agree to publicly share a personal testimonials/description of their case.)

Every medical/surgical treatment has potential for complications. I disclose these to you in the consent form provided; a regularly updated list of complications among my patient cohort are posted to my website. If you should have a complication, I will deal with it promptly and directly. Even out of state patients should keep me well informed of any that develop.

It is my preference (and in your best interest) for me to deal with all surgical complications personally. Nonsurgical (medical) complications can be dealt with by your local primary care physician or other non-orthopaedic specialist, but please keep me informed/allow me to advise you. Surgical complications may require unexpected trips to Columbia, SC.

Many patients have chosen me as their surgeon due to my low rates of complications/revisions. However, equally important is my knowledge in how to deal with postoperative complications. Even after they occur, a good outcome can often be achieved with appropriate, skilled intervention.

I expect to see all patients for follow up evaluations at four- to six- weeks postoperatively and one-year postoperatively. If you are an out of state patient, remote follow up can be arranged (but is not preferred). If your case is routine and stable, long-term follow up (>2 years postoperative) can be done via online questionnaire and digital x-ray. I will provide you with a written reply and will not charge you for reviewing your materials. If a phone consultation is required (after three months post-op) a fee may be assessed. If you do have specific problems that can't be solved by advice given over the telephone, on-site evaluation by me is recommended.

My commitment to you is the highest level of care, both technically and personally. I strive to continue to elevate the level of my expertise by dealing with complications directly and promptly, and by continuing a rigorous and systematic scientific review of my surgical outcomes."

Thomas P. Gross MD

Patient Acknowledgement

I, (patient name: _____), have read Dr. Gross' "Mission Statement and Disclosure Form" and agree to honor my commitment to provide timely follow up information. I understand that providing this information will benefit not only me, but also Dr. Gross and many future patients of his practice and elsewhere. I hereby agree to play my part in furthering the practice and science of joint replacement surgery. This contract is not legally enforceable but represents my good faith agreement under which I wish to establish a doctor-patient relationship with Dr. Gross.

Print Patient Name

Patient Signature

Date