Rethinking **Orthopedic Care**

Why Employers Must Break the Cycle of "Surgery as the Default"

Orthopedic spend remains one of the most persistent cost drivers in employer-sponsored health plans. For decades, the pathway has been predictable, conservative care, escalating pain, and ultimately, surgery.

But what if that progression is not inevitable?

In a recent conversation with Mark Testa, Executive Vice President at Regenexx and a clinician with more than 30 years of experience in musculoskeletal care, a different model emerged. One that challenges the assumption that surgery is the natural next step and introduces a more efficient pathway that reduces cost, risk, and recovery time.

The Problem with the Traditional MSK Pathway

The issue with musculoskeletal care is not a lack of treatment options, it is how those options are sequenced.

The traditional model follows a rigid clinical algorithm:

+ Medication as the first line of treatment
+ Physical therapy if symptoms persist
+ Surgery when both fail

While each step has its place, the system often breaks down in practice. Patients incur repeated copays and time costs through multiple visits, and adherence to physical therapy frequently declines once symptoms improve. The result is recurrence of pain, incomplete recovery, and a gradual progression toward surgical intervention.

This breakdown has real consequences. Employees continue working while in pain, reducing productivity and increasing risk, or they exit the workforce temporarily, driving both direct and indirect employer costs.

Surgery introduces another layer of complexity. Beyond the clinical risk, it often carries significant financial burdens through deductibles, coinsurance, and lost wages during recovery. In many cases, recovery timelines extend for weeks or months, creating sustained disruption for both employees and employers.

The failure is not in individual treatments. It is in the absence of a meaningful step between them.

The Missing Step: A Regenerative, Non-Surgical Approach

A growing model is emerging to address this gap. Regenerative, non-surgical treatments that sit between conservative care and surgery.

This approach uses the patient's own biological material, such as platelet-rich plasma or bone marrow concentrate, combined with image-guided precision to stimulate the body's natural healing response.

The benefits are notable:

+ No surgical incision or general anesthesia
+ Reduced procedural risk
+ Faster recovery timelines
+ Preservation of the body's natural structure

Most importantly, this model changes the trajectory of care. By intervening earlier, it reduces the likelihood that surgery becomes necessary.

Bending the MSK Cost Curve

The financial implications of this "middle-path" approach are significant.

Compared to traditional surgical interventions, regenerative procedures can:

+ Reduce costs by 50–70% due to the absence of facility and anesthesia fees
+ Minimize missed workdays, averaging just over one day compared to weeks post-surgery
+ Lower downstream utilization, including physical therapy and opioid use

For self-funded employers, this shift can have a meaningful impact. MSK conditions consistently rank among the top two or three cost drivers, particularly in categories like spine surgery and knee replacement. Introducing an intermediate treatment option creates an opportunity to reduce high-cost surgical claims and manage long-term risk more effectively.

> The savings is not just in avoiding surgery. It is in **breaking the cascade of costs that follow it.**

Clinical Outcomes and Long-Term Value

A common concern is whether non-surgical approaches offer comparable durability.

While no intervention fully reverses aging or degeneration, regenerative treatments demonstrate outcomes that are comparable in duration to many surgical procedures, particularly when measured over a 10–15 year horizon. Importantly, they do so with lower failure rates and fewer complications.

This creates a dual benefit:

+ Comparable long-term outcomes
+ Reduced exposure to surgical risk and recovery burden

Driving Trust Through Targeted Utilization

Adoption of any new benefit hinges on trust.

Regenerative care models address this through clear guardrails, including candidacy screening and utilization review. Patients are evaluated and categorized based on clinical data, ensuring that only those likely to benefit from treatment proceed. Approximately one-third of individuals are screened out as poor candidates early in the process, reinforcing credibility and preventing unnecessary spend.

This disciplined approach ensures that care is targeted, not overutilized, and that employers maintain cost control while expanding access.

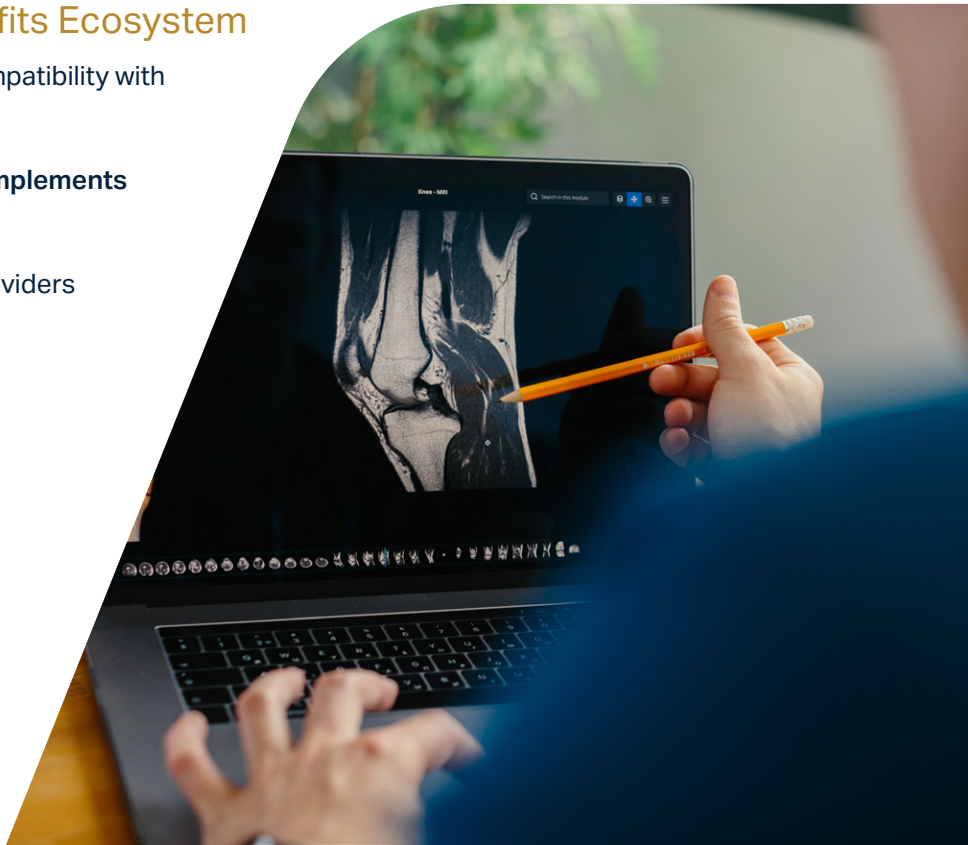
Integrating Into the Broader Benefits Ecosystem

One of the strengths of this approach is its compatibility with existing care models.

Rather than replacing current solutions, it complements them by working alongside:

+ Physical therapy and conservative care providers
+ Digital MSK programs
+ Direct primary care models
+ Centers of excellence for surgical cases

This creates a complete continuum of care, ensuring that employees receive the right intervention at the right time.



Changing Employee Behavior

Even with better options available, behavior does not change automatically.

Employees often default to surgery because it is familiar and perceived as definitive. Overcoming this requires consistent education and communication, supported by leadership and reinforced through benefit design.

Employers that succeed in shifting behavior:

+ Clearly communicate the new pathway
+ Provide accessible education and decision support
+ Offer incentives to encourage exploration of alternatives

When done effectively, this reframes surgery as the last option, not the default.

Beyond Cost: The Human Impact

While financial outcomes are meaningful, the employee experience is equally important.

Patients consistently report:

+ Faster return to activity and movement
+ Improved sleep and reduced pain
+ Lower anxiety and depression
+ Greater satisfaction from having treatment choices

These outcomes extend beyond healthcare, influencing productivity, engagement, and overall wellbeing.

> When employees regain movement, **they regain momentum.**

The Mindset Shift for Employers

The most important change is not operational, it is philosophical.

Orthopedic care must move away from an assumption that surgery is inevitable. Instead, employers should focus on creating a structured pathway that prioritizes:

+ The least invasive treatment first
+ Targeted intervention before escalation
+ Long-term outcomes over short-term fixes

This shift aligns with broader trends across healthcare, toward more personalized, cost-effective, and outcome-driven care models.

Final Takeaway

Musculoskeletal spend is not going away. But it can be fundamentally redesigned.

The organizations that lead in this space will not simply react to rising costs. They will reshape the care pathway, introducing smarter interventions earlier, reducing unnecessary escalation, and improving outcomes for both employees and the organization.

Because the future of orthopedic care is not about doing more surgery. It is about ensuring surgery becomes the last option, not the default.

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