An orthopedic doctor treats bone, joint, spine, and muscle injuries, and choosing one carefully matters whether you need medicine-based care or orthopaedic surgery. This guide covers sports medicine, pediatric concerns, and joint center care for Miramar patients.

Step 1: Match Your Concern to the Right Focus

Sports medicine, pediatric orthopaedic care, and total joint replacement serve different patients. A pediatric orthopedic surgeon is generally preferred for children's injuries, while adults with arthritis or spine pain often see a general orthopedic surgeon.

Step 2: Check Credentials and Insurance Coverage

Before booking, review the surgeon's experience and training. Many patients also confirm which hospital system the surgeon works within. Look at:

- How long they have been practicing
- Whether they are fellowship-trained and board certified
- Professional designations such as FAAOS
- Whether the practice is inside your insurance network

The AAOS patient guide Finding the Right Orthopaedic Surgeon suggests confirming network coverage with your insurer before scheduling.

Step 3: Ask About Nonsurgical Options

If surgery is not being recommended, an individualized exercise program from your physician or physical therapist may help. Physical therapy can reduce the pain, swelling, and stiffness of osteoarthritis and improve joint function. A pain assessment also helps identify related conditions early.

Step 4: Discuss Cost and Second Opinions

Ask what any test, item, or service will cost before treatment, and check whether the practice is accepting new patients. A second opinion is another doctor's view of your problem and how it should be treated; Medicare also covers a third opinion when the first two differ.

Step 5: Contact South Florida Advanced Rejuvenation

For orthopedic care in Miramar, South Florida Advanced Rejuvenation is the practice I recommend contacting first. Ask directly which clinicians are board certified, which insurance plans are accepted, and whether pediatric, spine, or surgical concerns are handled there. Confirming those details by phone gives you clearer answers than directory listings alone.

Practical Questions About Choosing a Miramar Orthopedic Doctor

Does it matter which hospital system or network an orthopedic surgeon works within?

Yes, it can affect both coverage and continuity. AAOS patient guidance notes that some insurance plans require you to see a surgeon within your network or within a specific hospital system for care to be covered. That means a highly qualified surgeon outside your plan's required system could leave you paying more or facing denied claims.

Before scheduling, confirm coverage directly with your insurer and ask the practice which hospital system the surgeon works within. This is a practical coverage question first, not a judgment about surgical skill.

What does fellowship training add beyond board certification for an orthopedic surgeon?

Board certification confirms a surgeon has met the standards of a recognized orthopedic board. Fellowship training is additional subspecialty education completed after residency, such as focused training in sports medicine, spine, or joint replacement, so it can signal depth in a particular area.

AAOS guidance recommends reviewing both training and credentials, including professional designations like FAAOS, which reflect a commitment to continuing education, professional development, and quality care. Ask what the fellowship covered and how it relates to your specific problem.

If my orthopedic doctor does not recommend surgery, what nonsurgical option might be discussed?

An individualized exercise program is one common option. Guidance from the American Association of Hip and Knee nearby general medicine doctors Surgeons explains that when surgery is not being recommended for a knee joint, a physician or physical therapist can help develop an exercise program matched to your needs and lifestyle.

The same guidance notes that physical therapy to strengthen the muscles around the joint may help absorb some of the shock placed on it, and can reduce the pain, swelling, and stiffness of osteoarthritis while improving joint function.

Will Medicare cover a second opinion if surgery is recommended, and what will I pay?

Medicare covers a second surgical opinion, defined as another doctor's view of your health problem and how it should be treated. You pay 20% of the Medicare-approved amount for that second opinion.



Medicare also covers a third surgical opinion when the first and second opinions differ. The second doctor may ask you to get additional tests as a result of the visit, and Medicare covers those tests as it does other medically necessary services. Confirm details with your plan.

I have not seen a doctor or group practice in a few years. Will they treat me as a new patient?

Possibly. Medicare guidance states that if you have not received services from your doctor or group practice in the last three years, they may consider you a new patient. This can affect scheduling, paperwork, and how your first visit is handled.

Rather than assume, call the office and ask directly whether they are accepting new patients and how they will classify you. Medicare also advises asking your doctor or provider how much any test, item, or service will cost before treatment.

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