

July 30th, 2025

America's Leading Doctors 2025

– Methodology –

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1 Introduction

High-quality, specialized care plays a critical role in ensuring the long-term health and well-being of patients. While general practitioners are responsible for managing the most common diagnoses and illnesses, specialists offer more advanced expertise regarding specific conditions. This focused knowledge enables them to diagnose and treat increasingly complex cases with greater precision.

Specialists typically undergo extensive additional training, often completing multiple advanced educational programs and obtaining certifications in their respective fields. They are widely recognized for their proficiency in performing complex surgeries and other procedures. As a result, these doctors frequently serve as referral points when general practitioners and other healthcare providers determine that a patient requires a higher level of specialized care to address a particular medical need.

For patients, the decision of choosing the right doctor for their specific condition is often driven by the doctor's reputation, expertise, and performance in the medical field they require. *America's Leading Doctors* by Statista and Newsweek serves as a comprehensive and data-driven resource for patients to find leading specialized doctors in the medical field/surgery of their need. This is the first edition of the composite ranking, which has unified the previous standalone rankings *America's Best Spine Surgeons* and *America's Best Vascular Surgeons* under one single publication. **This edition ranks the leading doctors providing comprehensive care across the following 15 medical specialties:**

- Cardiothoracic Surgery – Top 200
- Cataract Surgery – Top 200
- Colorectal Surgery – Top 185
- Foot and Ankle Surgery – Top 200
- Glaucoma Surgery – Top 200
- Hand Surgery – Top 200
- Hip Surgery – Top 200
- Knee Surgery – Top 200
- Mohs Surgery – Top 100
- Pain Management – Top 200
- Retina Surgery – Top 200
- Shoulder Surgery – Top 200
- Spine Surgery – Top 200
- Sports Medicine – Top 175
- Vascular Surgery – Top 185

2 Study design

The following sections provide an overview of the study design and the underlying methodology used to determine the various lists. First, the special features in this year's edition are outlined (see [chapter 2.1](#)). Second, the general approach is described (see [chapter 2.2](#)), followed by specification of the scoring model used for each of the medical specialties (see [chapter 3](#)).

2.1 New features and changes in the 2025 edition

The following list provides a brief overview of all the special features of *America's Leading Doctors 2025*:

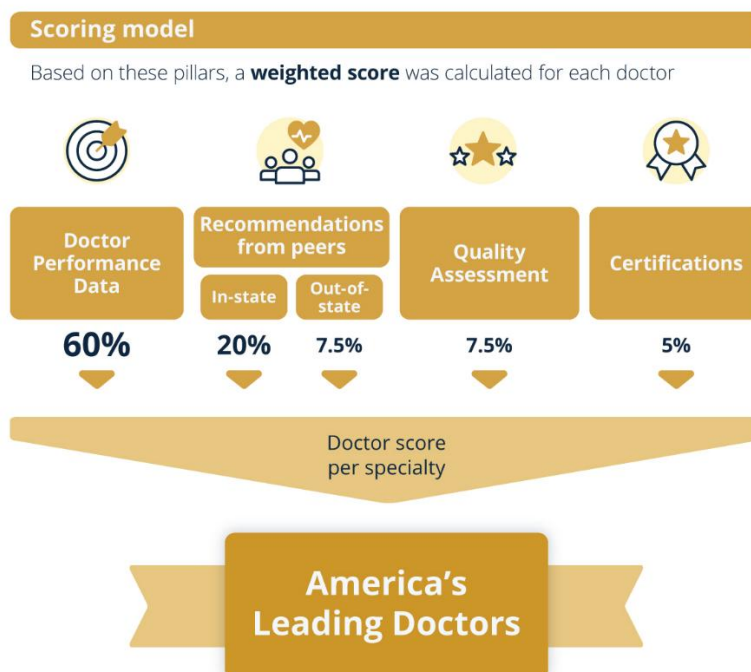
- This year, there are **15 specialty-specific top lists**, each featuring 175 to 200 distinguished leading doctors.
- Inclusion of **Medicare Fee-for-Service claims and commercial data**, including quality performance benchmark data sourced from **Arcadia**, were incorporated (see [chapter 2.2.1](#)). Newsweek and Statista are among the Arcadia clients that make the most extensive use of Arcadia data.
- **Weighting of 60% for doctor performance data**: Among the four pillars of the scoring model, doctors' performance data carries the highest weight, reflecting the strong emphasis on outcome quality indicators.
- Treatment performance is determined through a multi-dimensional evaluation that **incorporates case volume, with results represented by one to three ribbons**.
- **Inclusion of previous year's recommendation data for existing specialty rankings (Vascular surgery & Spine surgery)**: To account for reputational continuity, recommendation data from last year was factored into the reputation pillar.
- For each awarded doctor, up to three hospital affiliations are displayed, based on performance benchmark data sourced from Arcadia.

2.2 General methodology

The *America's Leading Doctors* lists are based on four pillars:

- **Doctor performance data**: Analysis of 2022-2023 performance benchmark data based on Medicare Fee-for-Service claims and commercial data sourced from Arcadia
- **Recommendations from peers**: Online survey of thousands of medical experts (doctors, managers/administrators, and other medical professionals) across 20 states with knowledge in the respective medical field

- **Quality assessment:** Quality of care rating by peers for each doctor
- **Certifications:** Certifications from several American medical and surgical certification boards



The four pillars are described below in general terms that apply to all rankings. Particularities of weightings and measures will be described in the specialty-centric section found in chapter 3.

2.2.1 Doctor performance data

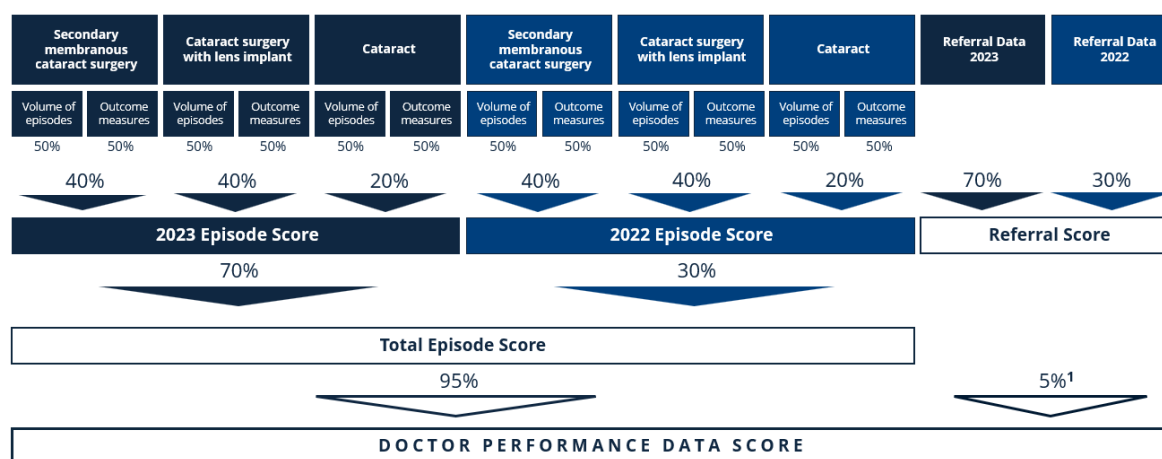
In this year's edition, performance benchmark data based on Medicare Fee-for-Service claims and commercial data sourced from Arcadia was used to determine the doctor performance pillar for each of the specialty lists.

In the analysis, doctors' performance was evaluated based on **Episode of care** data, including all medical episodes relevant to the respective specialty, as well as referral volume data. Data from both 2022 and 2023 was taken into account.

- Episode data scores:
 - The volume of episodes performed comprised half of the score for each individual medical episode.

- A composite of the following outcome measures (where available) comprised the other half of the score for each episode:
 - Average LOS (Days) of Institutional Long-term Stay
 - ER Visits per 1,000 Episodes
 - Mortality Rate
 - Complications by Episode
 - Unplanned Readmissions per 1,000 Episodes
 - Average Episode Payment
- Referral volume data contributed a small portion to each doctor's score in cases when total episode score and a calculated referral score exceeded a set threshold.

The scoring process is detailed below¹:



¹ The referral score contributed up to 5% of the overall doctor performance data score, but was only included if both the total episode score and the referral score were above the 70th percentile; otherwise, the final score was calculated solely from the total episode score (95% weight)

A set of episodes relevant to each medical specialty was determined. The **doctor performance data score** was based largely on quality metrics associated with the relevant episodes.

Within each of the episodes, there are two subscores: **volume of episodes** and **outcome measures**. Given that each medical field encompasses a different number of episodes, with varying degrees of relevance and frequency of occurrence within the respective specialty, the weights assigned to the episodes were adjusted accordingly, with higher weighting allotted to surgical episodes in all specialties except Pain management and Sports medicine.

Volume of episodes: For each medical episode relevant to the respective specialty, the number of episodes performed by each doctor was compared to that of all other doctors of the same specialty practicing in the same state in a given year. Scores were assigned such that doctors in the top 5% of episode volume received a score of 1.0, those in the bottom 5% received a base score of 0.4, and all others were assigned scores distributed

¹ The following doctor performance data scoring model is an example from the specialty Cataract surgery. The weightings of the individual episodes for each specialty are outlined in chapter 3.

continuously in between based on their relative position. The episode volume contributed 50% of the score for each episode.

Additionally, physicians who treated a particularly high number of patients for one or more relevant episodes within their state in 2023 received a High Performance award in the form of ribbons. Up to three ribbons were awarded for each episode based on each doctor's percentile rank for episode volume within their state:

1 Ribbon: $\geq 75^{\text{th}}$ percentile

2 Ribbons: $\geq 85^{\text{th}}$ percentile

3 Ribbons: $\geq 95^{\text{th}}$ percentile

Doctors with an episode volume below the 75th percentile received no ribbon.

Outcome measures: For each episode performed by a doctor, outcome measure scores (i.e., Average LOS (Days) of Institutional Long-term Stay, ER Visits per 1,000 Episodes, etc.) were calculated based on observed-to-expected outcome ratios. Scores were determined using a percentile-based method, where the top 5% of providers received a score of 1.0, the bottom 5% received a base score of 0.4, and all others were scaled continuously in between. These submeasure scores were then averaged to produce a composite **outcome measures score** for each episode, which contributed 50% of the total score for each episode.

Total Episode Score: The scores for all episodes performed in a given year were then combined as a weighted average, where the weight of each episode differs based on relevance (and is outlined for each specialty in chapter 3), to produce a **2022 episode score** and a **2023 episode score** for each doctor. These two were then combined into a **total episode score** per doctor, wherein 2023 data was given 70% of the weighting, while 2022 data received a smaller 30% weighting.

Referral Score: The **referral score** was derived from data indicating the annual volume of patients referred to a doctor for treatment. The number of referrals for each doctor was compared to that of all other doctors of the same specialty practicing in the same state in a given year. Scores were assigned such that doctors in the top 5% of referral volume received a score of 1.0, those in the bottom 5% received a base score of 0.4, and all others were assigned scores distributed continuously in between based on their relative position. The referral score was based 70% on 2023 data and 30% on 2022 data.

Referral data contributed up to 5% of the overall **doctor performance data score** but was included only if both the **total episode score** and the **referral score** were above the 70th percentile; otherwise, the final score was calculated solely from the total episode score (95% weight).

Therefore, the final **doctor performance data score** was a combination of all 2022 and 2023 relevant episode metrics, as well as referral data where applicable. This pillar comprised 60% of the overall scoring model.

The weights of individual episodes within the performance data, as well as the detailed list of variables incorporated for each of the specialties, are outlined in chapter 3.

2.2.2 American board certifications

Certifications from American medical and surgical certification boards relevant to the respective medical specialties were included in the evaluation, reflecting commitment to excellence in specialized care. This pillar contributed 5% of the weighting to the overall scoring model.

Certifications considered for each specialty are detailed in chapter 3.

2.2.3 Doctor recommendations from peers

From March to May 2025, Statista conducted a **nationwide online survey** among medical professionals, including physicians, managers/administrators, and other medical professionals with knowledge in the respective medical field, across 20 U.S. states. The 20 states with the highest number of physicians per specialty were included in the survey.

During the survey, participants were asked to recommend top doctors in their own state and in any other states included in the survey. The survey was accessible to participants on Newsweek.com, and invitations were also sent via email.

The recommendations were weighted based on the order of preference indicated, the reason for recommendation (e.g., well-known specialist), and the professional experience of the participant.

The recommendation score for each doctor was determined by the total number of weighted recommendations received.

The doctor with the highest number of weighted recommendations was allotted a recommendation score of 100%. The next best doctors received a score proportional to their number of weighted recommendations (e.g., if doctor A received the most votes with 100, then doctor B with 80 votes was assigned a score of $\frac{80}{100} = 80\%$).

This year, the recommendations from the previous year were also taken into account for Spine and Vascular surgery. Recommendations from the 2024 survey period were given less weight relative to those from 2025.

Participants were also able to specify a "peers' choice" standout treatment for each recommended doctor. A peers' choice standout treatment was selected only when more than 10 doctors received multiple recommendations for that episode. Further information is found in the specialty-centric scoring explanation in chapter 3.

The peer recommendations pillar accounted for a total of 27.5% of the overall scoring model, where 20% came from within-state recommendations and 7.5% from out-of-state recommendations.

2.2.4 Quality assessment

For within-state recommendations, participants were asked to assess the quality of care (e.g., treatments, follow-up care, use of most recent equipment) and professional expertise (e.g., knowledge in medical field) of the doctor. Doctors who received *only* out-of-state recommendations were given a baseline score. For each recommendation, participants rated the doctor across two quality dimensions on a scale from 1 ("poor") to 10 ("excellent"):

- **Quality of care** (e.g., treatments, follow-up care, use of most recent equipment)
- **Professional expertise** (e.g., knowledge in medical field)

A quality score was calculated for each doctor who received within-state recommendations, with both quality dimensions contributing equally (50% each).

Overall, the quality assessment pillar contributed 7.5% weighting to the overall scoring model.

2.2.5 Results

As a result, the *Leading Doctors* in the U.S. within the 15 specified medical fields were awarded. Doctors within each specialty's list are sorted by rank from #1 to 30 and alphabetically by last name thereafter.

Hospital affiliation for each doctor was determined by patient volume, based on Arcadia data. For doctors with no data related to hospital affiliation, affiliation was determined by desk research. If the specified affiliated hospital has been awarded in a recent hospital ranking by Newsweek and Statista, it is denoted under "Affiliated with best hospital". Up to three ribbons were awarded for each episode based on each doctor's percentile rank for episode volume within their state. If a particular procedure was recommended frequently by peers, it is indicated under "Peers' Choice".

3 Specialty-specific methodology

The following section expands on the general methodology outlined in chapter 2 by describing specialty-specific lists and data sources for each specialty.

3.1.1 Cardiothoracic surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Heart valve surgery (30% weighting towards episode score)
- Coronary artery bypass graft surgery (30% weighting towards episode score)
- Heart device and aorta surgeries (20% weighting towards episode score)
- Surgical removal of lung (20% weighting towards episode score)

3.1.1.1 American board certification

Additionally, the following specialty-centric certification was taken into consideration:

- American Board of Surgery – General Surgery

3.1.1.2 Recommendations from peers – Peers' choice episode

Participants of the recommendation survey were asked to name the top doctors for cardiothoracic surgery based on their professional expertise. Within this survey, participants were prompted to state at least one condition/surgery that the doctors treat or perform best and to rate the quality dimensions of the doctor across five areas of care.

The peers' choice episode selected for Cardiothoracic surgery was the following:

- Coronary artery bypass graft surgery

Doctors who received recommendations in the top decile for the *peers' choice episode* received the designation displayed alongside their rank.

3.1.1.3 States included

The following 20 states with the highest number of cardiothoracic and vascular surgeons² were included in the survey:

Arizona, California, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin.

3.1.2 Cataract surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Cataract (20% weighting towards episode score)

² According to the Arcadia data set

- Secondary membranous cataract surgery (40% weighting towards episode score)
- Cataract surgery with lens (40% weighting towards episode score)

3.1.2.1 American board certification

Additionally, the following specialty-centric certification was taken into consideration:

- American Board of Ophthalmology

3.1.2.2 States included

The following 20 states with the highest number of ophthalmologists³ were included in the survey:

California, New York, Florida, Texas, Pennsylvania, Illinois, New Jersey, Ohio, Michigan, Massachusetts, North Carolina, Virginia, Maryland, Georgia, Washington, Tennessee, Arizona, Minnesota, Wisconsin, Colorado.

3.1.3 Colorectal surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Surgical removal of colon (40% weighting towards episode score)
- Acute hemorrhoids treatment (25% weighting towards episode score)
- Blockage of the digestive tract treatment (10% weighting towards episode score)
- Colonoscopy (25% weighting towards episode score)

3.1.3.1 American board certification

Additionally, the following specialty-centric certification were taken into consideration:

- American Board of Surgery – General Surgery
- American Board of Colon and Rectal Surgery

3.1.3.2 Recommendations from peers – Peers' choice episode

Participants of the recommendation survey were asked to name the top doctors for cardiothoracic surgery based on their professional expertise. Within this survey, participants were prompted to state at least one condition/surgery that the doctors treat or perform best and to rate the quality dimensions of the doctor across four areas of care. The peers' choice episode selected for Colorectal surgery was the following:

- Surgical removal of colon

Doctors who received recommendations in the top decile for the *peers' choice episode* received the designation displayed alongside their rank.

³ According to the Arcadia data set

3.1.3.3. States included

The following 20 states with the highest number of colorectal surgeons⁴ were included in the survey:

Arizona, California, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, Ohio, Pennsylvania, Texas, Virginia, Washington.

3.1.4 Foot & Ankle surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Fracture/dislocation treatment lower leg/ankle/foot (40% weighting towards episode score)
- Surgery to replace ankle joint (20% weighting towards episode score)
- Broken or dislocated ankle/foot (40% weighting towards episode score)

3.1.4.1 American board certification

Additionally, the following specialty-centric certification was taken into consideration:

- American Board of Orthopedic Surgery

3.1.4.2 States included

The following 20 states with the highest number of orthopaedic surgeons⁵ were included in the survey:

Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington.

3.1.5 Glaucoma surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Glaucoma (30% weighting towards episode score)
- Glaucoma Surgery (70% weighting towards episode score)

3.1.5.1 American board certification

Additionally, the following specialty-centric certification was taken into consideration:

- American Board of Ophthalmology

⁴ According to the Arcadia data set

⁵ According to the Arcadia data set

3.1.5.2 States included

The following 20 states with the highest number of ophthalmologists⁶ were included in the survey:

California, New York, Florida, Texas, Pennsylvania, Illinois, New Jersey, Ohio, Michigan, Massachusetts, North Carolina, Virginia, Maryland, Georgia, Washington, Tennessee, Arizona, Minnesota, Wisconsin, Colorado.

3.1.6 Hand surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Carpal tunnel & related syndromes (15% weighting towards episode score)
- Fracture/dislocation treatment arm/wrist/hand (40% weighting towards episode score)
- Joint cyst (15% weighting towards episode score)
- Joint or tendon inflammation of the finger/wrist/hand (15% weighting towards episode score)
- Inflammation or injury of the tendons or ligaments in the arm (15% weighting towards episode score)

3.1.6.1 American board certification

Additionally, the following specialty-centric certifications were taken into consideration:

- American Board of Orthopedic Surgery
- American Board of Orthopedic Surgery - Subspecialty Hand

3.1.6.2 States included

The following 20 states with the highest number of orthopaedic surgeons⁷ were included in the survey:

Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington.

3.1.7 Hip surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Repeat hip or knee replacement surgery (30% weighting towards episode score)

⁶ According to the Arcadia data set

⁷ According to the Arcadia data set

- Hip replacement (40% weighting towards episode score)
- Fracture/dislocation treatment pelvis/hip/femur (30% weighting towards episode score)

3.1.7.1 American board certification

Additionally, the following specialty-centric certification was taken into consideration:

- American Board of Orthopedic Surgery

3.1.7.2 States included

The following 20 states with the highest number of orthopaedic surgeons⁸ were included in the survey:

Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington.

3.1.8 Knee surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Knee arthroscopy (20% weighting towards episode score)
- Knee joint injury treatment (20% weighting towards episode score)
- Knee replacement (30% weighting towards episode score)
- Knee fracture/dislocation treatment (10% weighting towards episode score)
- Treatment of inflammation/injury of the tendons/ligaments in the leg (20% weighting towards episode score)

3.1.8.1 American board certification

Additionally, the following specialty-centric certification was taken into consideration:

- American Board of Orthopedic Surgery

3.1.8.2 States included

The following 20 states with the highest number of orthopaedic surgeons⁹ were included in the survey:

Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington.

⁸ According to the Arcadia data set

⁹ According to the Arcadia data set

3.1.9 Mohs surgery

To evaluate a doctor's performance, the following population-level episode of care was considered:

- Removal of cancerous skin growth (100% weighting towards episode score)

3.1.9.1 American board certification

Additionally, the following specialty-centric certifications were taken into consideration:

- American College of Mohs Surgeons (ACMS) Member
- American Board of Dermatology - MDS (Micrographic Dermatologic Surgery)

3.1.9.2 States included

The following 20 states with the highest number of Mohs surgeons¹⁰ were included in the survey:

Alabama, Arizona, California, Florida, Georgia, Illinois, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Wisconsin.

3.1.10 Pain Management

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Disorders of the thoracic spine (8% weighting towards episode score)
- Injection for back pain (28% weighting towards episode score)
- Lower back pain (28% weighting towards episode score)
- Neck pain and spine problems (28% weighting towards episode score)
- Spinal stenosis post laminectomy (8% weighting towards episode score)

3.1.10.1 American board certification

Additionally, the following specialty-centric certifications were taken into consideration:

- American Board of Physical Medicine and Rehabilitation
- American Board of Anesthesiology
- American Board of Pain Medicine

3.1.10.2 States included

The following 20 states with the highest number of Pain management specialists¹¹ were included in the survey:

¹⁰ According to the Arcadia data set

¹¹ According to the Arcadia data set

Arizona, California, Florida, Georgia, Illinois, Indiana, Kentucky, Maryland, Michigan, Missouri, Nevada, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Wisconsin.

3.1.11 Retina surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Age-related macular degeneration (15% weighting towards episode score)
- Blockage of vein or artery in the retina (eye) (15% weighting towards episode score)
- Destruction of retinal or choroid lesions by laser or other (15% weighting towards episode score)
- Retinal detachment (15% weighting towards episode score)
- Surgical retina and vitreous procedures (40% weighting towards episode score)

3.1.11.1 American board certification

Additionally, the following specialty-centric certification was taken into consideration:

- American Board of Ophthalmology

3.1.11.2 States included

The following 20 states with the highest number of ophthalmologists¹² were included in the survey:

California, New York, Florida, Texas, Pennsylvania, Illinois, New Jersey, Ohio, Michigan, Massachusetts, North Carolina, Virginia, Maryland, Georgia, Washington, Tennessee, Arizona, Minnesota, Wisconsin, Colorado.

3.1.12 Shoulder surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Shoulder Arthroscopy/Rotator Cuff Repair (40% weighting towards episode score)
- Total shoulder replacement (60% weighting towards episode score)

3.1.12.1 American board certification

Additionally, the following specialty-centric certification was taken into consideration:

- American Board of Orthopedic Surgery

¹² According to the Arcadia data set

3.1.12.2 Recommendations from peers – Peers' choice episode

Participants of the recommendation survey were asked to name the top doctors for cardiothoracic surgery based on their professional expertise. Within this survey, participants were prompted to state at least one condition/surgery that the doctors treat or perform best and to rate the quality dimensions of the doctor across three areas of care. The peers' choice episode selected for Shoulder surgery was the following:

- Total Shoulder replacement

Doctors who received recommendations in the top decile for the *peers' choice episode* received the designation displayed alongside their rank.

3.1.12.3 States included

The following 20 states with the highest number of orthopaedic surgeons¹³ were included in the survey:

Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington.

3.1.13 Spine surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Spinal fusion (34% weighting towards episode score)
- Disorders of the thoracic spine (14% weighting towards episode score)
- Spinal deformity or curvature (5% weighting towards episode score)
- Spinal stenosis post-laminectomy (5% weighting towards episode score)
- Back and neck pain treatment without fusion (14% weighting towards episode score)
- Lower back pain (14% weighting towards episode score)
- Neck pain and spine problems (14% weighting towards episode score)

3.1.13.1 American board certification

Additionally, the following specialty-centric certifications were taken into consideration:

- American Board of Orthopedic Surgery
- American Board of Spine Surgery (ABSS)

3.1.13.2 Recommendations from peers – Peers' choice episode

Participants of the recommendation survey were asked to name the top doctors for cardiothoracic surgery based on their professional expertise. Within this survey, participants were prompted to state at least one condition/surgery that the doctors treat

¹³ According to the Arcadia data set

or perform best and to rate the quality dimensions of the doctor across seven areas of care. The peers' choice episode selected for Spine surgery was the following:

- Spinal fusion

Doctors who received recommendations in the top decile for the *peers' choice episode* received the designation displayed alongside their rank.

3.1.13.3 States included

The following 20 states with the highest number of spine surgeons¹⁴ were included in the survey:

Alabama, Arizona, California, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington.

3.1.14 Sports medicine

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Pain in Joint (45% weighting towards episode score)
- Arthritis (45% weighting towards episode score)
- Carpal tunnel & related syndromes (10% weighting towards episode score)

3.1.14.1 American board certification

Additionally, the following specialty-centric certifications were taken into consideration:

- American Board of Orthopedic Surgery
- American Board of Orthopedic Surgery - Sports Medicine Subspecialty Certification
- American Board of Physical Medicine and Rehabilitation (Sports Medicine)

3.1.14.2 States included

The following 20 states with the highest number of sport medicine specialists¹⁵ were included in the survey:

Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington.

¹⁴ According to the Arcadia data set

¹⁵ According to the Arcadia data set

3.1.15 Vascular surgery

To evaluate a doctor's performance, the following population-level episodes of care were considered:

- Creation or repair of blood vessel access for dialysis (28% weighting towards episode score)
- Surgery to improve blood flow in carotid arteries (28% weighting towards episode score)
- Surgery to restore blood flow to the leg (28% weighting towards episode score)
- Varicose Vein treatments (8% weighting towards episode score)
- Peripheral vascular disease treatment (8% weighting towards episode score)

3.1.15.1 American board certification

Additionally, the following specialty-centric certifications were taken into consideration:

- American Board of Surgery – General Surgery
- American Board of Surgery - Vascular Surgery

3.1.15.2 States included

The following 20 states with the highest number of cardiothoracic and vascular surgeons¹⁶ were included in the survey:

Arizona, California, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin.

¹⁶ According to the Arcadia data set

Disclaimer

The rankings are comprised exclusively of physicians that are eligible regarding the scope described in this document. A mention in the top list is a positive recognition based on peer recommendations and available data sources at the time. The top list is the result of an elaborate process which, due to the interval of data collection and analysis, is a reflection of the past 12 months only. Furthermore, any events preceding or following the period June 25th, 2024 – June 24th, 2025, were not included in the metrics. As such, the results of this top list should not be used as the sole source of information for future deliberations.

The information provided in this top list should be considered in conjunction with other available information about physicians or, if possible, accompanied by a visit to a hospital/physician's practice. The quality of physicians that are not included in the top list is not disputed.

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