

Expert Witness Affirmation Statement

Fax: 847-823-8028

As a member of the medical profession and a Fellow or Member of the American Academy of Orthopaedic Surgeons/American Association of Orthopaedic Surgeons (AAOS), I affirm my duty, when giving evidence or testifying as an expert witness, to do so solely in accordance with the merits of the case. Furthermore, I declare that I will uphold the following professional principles in providing expert evidence or expert witness testimony:

- 1) I will always be truthful.
- 2) I will conduct a thorough, fair and impartial review of the facts and the medical care provided, not excluding any relevant information.
- 3) I will provide evidence or testify only in matters in which I have relevant clinical experience and knowledge in the areas of medicine that are the subject of the proceeding.
- 4) I will evaluate the medical care provided in light of generally accepted standards, neither condemning performance that falls within generally accepted practice standards nor endorsing or condoning performance that falls below these standards.
- 5) I will evaluate the medical care provided in light of generally accepted standards that prevailed at the time of the occurrence.
- 6) I will state where my opinion honestly varies from generally accepted standards.
- 7) I will provide evidence or testimony that is complete, objective, scientifically based, and helpful to a just resolution of the proceeding.
- 8) I will make a clear distinction between a departure from accepted practice standards and an untoward outcome, making every effort to determine whether there is a causal relationship between the alleged substandard practice and the medical outcome.
- 9) I will submit my testimony to scrutiny, if requested, by professional organizations, hospitals, peer review bodies and state medical and/or licensing boards, as appropriate.
- 10) I will not accept compensation that is contingent upon the outcome of the litigation.

Printed Name: _____

Signature: _____

AAOS Member Number: _____

Date: _____

Please Note: AAOS will not accept an Affirmation Statement that has been altered. This Affirmation Statement shall expire only upon a written rescinding of the signature.