Trends in Financial Compensation for Academic Sports Medicine Surgeons in the United States

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INTRODUCTION: As United States healthcare spending continues to increase, surgeons face elevated patient volumes amidst greater financial pressures. How these systemic changes have influenced trends in compensation for academic sports medicine surgeons remains unclear. The current study sought to analyze national trends and distribution of academic orthopaedic sports medicine surgeon total compensation in relation to academic rank and gender.

METHODS: Faculty compensation benchmarks were obtained from the 2016 to 2024 American Association of Medical Colleges (AAMC) Faculty Salary Surveys. A total of 2,696 surgeons were included across all survey years. Total financial compensation data for orthopaedic sports medicine surgeons were extracted, and median compensations were stratified by year, academic rank, and surgeon gender (gender specific data available from 2018 to 2024, 1,794 men, 275 women). Our institutional review board deemed this study exempt from review as all data is deidentified and aggregated.

Annual median compensation was analyzed by academic rank, and average percent change in compensation per year calculated. This was then repeated after stratification by surgeon gender. Gender compensation differences in 2024 were assessed by a cents-on-the-dollar approach, calculated by the ratio of median compensation for women to that of men. To estimate the impact of these differences, cumulative career earnings between men and women was extrapolated based on 2024 benchmarks (using net present value analysis), assuming varied intervals to promotion and career length. Compensation trends were also forward projected to estimate when gender compensation equity might be achieved.

RESULTS: From 2016 to 2024, annual median compensation for academic sports medicine surgeons increased across all academic ranks: +3.72% for assistant professors, +1.63% for associate professors, +3.35% for professors, +3.86% for chiefs, and +2.65% for chairs. Compared to U.S. inflation which averaged 3.29% annually during the same period, compensation changes exceeded inflation for the ranks of assistant professor (+0.43%), professor (+0.06%), and chief (+0.57%) and lagged for associate professors (-1.66%) and chairs (-0.64%).

Since 2018, women have tended to be undercompensated relative to men on average, and in 2024 female assistant professors earned $0.79 for every dollar earned by men, female professors earned $0.77 relative to men, while female associate professors earned slightly more than men as associate professors ($1.01). Over a 30-year career with 8 year intervals until promotion, this disparity would translate to an estimated $2.16 million less in cumulative earnings for women.

Nonetheless, from 2018-2024, compensation for women increased at a greater annual rate than for men across all ranks: assistant professor (+6.12% vs. +1.93%), associate professor (+9.38% vs. +2.32%), and professor (+5.86% vs. +0.82%, from 2022-2024). If these same trends continued, projected compensation parity could be achieved in 6.86 years for assistant professors and in 6.44 years for professors (already achieved for associate professors).

DISCUSSION: Compensation for academic orthopaedic sports medicine surgeons has approximately kept pace with inflation, though varied by rank. While women surgeons continue to earn less than men on average, evolving trends suggest that these differences may be closed over time.

SIGNIFICANCE/CLINICAL RELEVANCE: These findings underscore the importance of maintaining momentum in equity initiatives and institutional accountability to ensure observed gains are not only sustained but extended. Recognizing and addressing compensation disparities is critical to advancing equity and supporting long-term workforce retention of women in academic sports medicine.