

Patients benefit from one-on-one PT education before joint replacement

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A study at Hospital for Special Surgery (HSS) finds that patients benefit from a one-on-one education session with a physical therapist and access to a web-based microsite prior to joint replacement surgery. They achieved physical therapy goals more quickly after knee or hip replacement compared to patients who did not have the educational session or access to the microsite.

The research was published in the journal, *Clinical Orthopaedics and Related Research (CORR)* in the January issue.

"Although many institutions utilize group classes for preoperative <u>education</u>, it has been reported that up to 77% of <u>patients</u> have unfulfilled knowledge expectations with respect to their postoperative function," said lead investigator Rupali Soeters, PT, MEd, PhD, research therapist, HSS Rehabilitation. "Knowledge is power. Supplemental one-on-one education gives joint replacement patients more information about what to expect and can allay some of their concerns."

The educational sessions at HSS are customized to address a patient's specific needs regarding preparation before surgery and what to expect in the hospital, during rehabilitation and throughout recovery. "The difference between a group class and one-on-one education is that the private session gives the patient an opportunity to practice mobility and assistive devices before surgery, discuss concerns and questions in a private environment, and set realistic goals regarding outcomes with the therapist," Dr. Soeters explained.



"After surgery, patients may be dealing with issues such as fatigue, discomfort or anxiety, and it may not be the most opportune time to give them information about the road ahead," said Amar Ranawat, MD, an orthopedic surgeon at HSS and senior study author. "With the face-toface information session and user-friendly website, they can receive and retain much of the information prior to surgery. Many patients feel more confident knowing what to expect."

Dr. Ranawat adds that researchers are increasingly studying the feasibility of knee and <u>hip replacement</u> as outpatient procedures, and pre-operative education may be one way to prepare patients for earlier discharge.

"The educational session jumpstarts patients' familiarity with what they are going to experience after surgery, easing some of their fears and apprehensions," said Douglas Padgett, MD, chief of the Adult Reconstruction and Joint Replacement Service at HSS.

In the study, researchers followed 126 patients who underwent knee or hip replacement for osteoarthritis between February and June 2015. All attended a group education class before surgery, the standard of care for patients scheduled for a joint replacement at Hospital for Special Surgery. They were then randomized into two separate groups. The mean age in both groups was 61.

In group one, 63 patients attended the one-on-one education session with a physical therapist about two weeks before surgery, in addition to the group class. After the session, they were given access to a customized website, so they had a wealth of information at their fingertips both before and after surgery. The microsites were highly customized to each procedure, even taking into account which side the surgery was on. Accessible on computers, cell phones and tablets, the sites provided detailed information on precautions after surgery, exercises, ambulation,



and activities of daily living through videos, pictures and text.

The <u>control group</u> of 63 patients attended the standard group class and received a booklet about what to expect after joint replacement. They received no further education.

Researchers analyzed how quickly patients achieved physical therapy goals after surgery; how long they were in the hospital; and how they were progressing four to six weeks after joint replacement in terms of pain, stiffness and physical function.

Patients with access to one-on-one education and the microsite achieved physical therapy goals more quickly after surgery. They needed fewer physical therapy sessions in the hospital (3.3 sessions) versus the control group (4.4 sessions). The group receiving one-on-one education also met PT discharge criteria sooner (1.6 days versus 2.7 days for the control group). This included the ability to get in and out of bed, walk with or without an assistive device about 150 feet, and go up and down stairs independently. Researchers found no difference in pain and function six weeks out from surgery.

Hospital length of stay was the same for both groups. "Length of stay is impacted by a number of factors, not just physical therapy," Dr. Padgett noted. "Even if patients reach their physical therapy goals, they must still be deemed medically ready for discharge by the entire patient care team, and all aspects of their medical health are taken into account."

"The study highlights the need for improvement in other aspects of care if we want to decrease length of stay," Dr. Soeters said.

Researchers found that every patient granted access to the microsite used the platform at least once during the surgical process. In addition, 100% of these patients said they would recommend the microsites to all



individuals having joint replacement.

At Hospital for Special Surgery, the face-to-face educational program and custom microsites are available to patients having knee replacement, partial knee replacement, hip replacement and shoulder replacement. A special website for ankle replacement is currently in development.

Provided by Hospital for Special Surgery

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