# Recommended Outcome Measures along the Total Joint Arthroplasty Continuum

## 1: Pre-op
- **Moderate to advanced OA**
- **PROMs**
  - Pain VAS/NPRS<sup>4</sup>
  - HOOS/KOOS<sup>1-3</sup>
  - LEFS<sup>6</sup>
- **Performance**
  - 30 sec-CST<sup>5-7</sup>
  - Gait speed (self-selected)<sup>5,6,7</sup>
  - Stair climb test<sup>5-7</sup>
  - SLS (30 sec)<sup>6</sup>
  - 6MWT<sup>5,6</sup>
  - TUG<sup>4-6</sup>
  - Functional Reach<sup>6</sup>

## 2: Acute
- **3-5 day hospital stay**
- **PROMs**
  - Pain VAS/NPRS<sup>4</sup>
- **Performance**
  - TUG<sup>5-7</sup>
  - Gait speed (self-selected)<sup>5-7</sup>

## 3: Post-acute
- **Outpatient/home settings**
- **PROMs**
  - Pain VAS/NPRS<sup>4</sup>
  - HOOS/KOOS<sup>1-3</sup>
  - LEFS<sup>7</sup>
- **Performance**
  - 30 sec-CST<sup>5-7</sup>
  - Gait speed (self-selected)<sup>5,7</sup>
  - Stair climb test<sup>5-7</sup>
  - SLS (30 sec)<sup>6</sup>
  - 6MWT (<ISR>)<sup>5,6</sup>
  - TUG<sup>5,7</sup>
  - Functional Reach<sup>6</sup>

## 4: Active Living
- **1 year post-op and onwards**
- **PROMs**
  - HOOS/KOOS<sup>1-3</sup>
  - LEFS<sup>7</sup>
- **Performance**
  - 30 sec-CST<sup>5-7</sup>
  - Gait speed (self-selected)<sup>5,7</sup>
  - Stair climb test<sup>5-7</sup>
  - SLS (30 sec)<sup>6</sup>
  - 6MWT<sup>5,6</sup>
  - TUG<sup>5,6</sup>
  - Functional Reach<sup>6</sup>

### Legend:
- HOOS = Hip disability and Osteoarthritis Outcome Score
- KOOS = Knee injury and Osteoarthritis Outcome Score
- LEFS = Lower Extremity Functional Scale
- NRPS = Numeric Pain Rating Scale
- PROMs = Patient-Reported Outcome Measures
- SLS = Single Leg Stance
- TUG = Timed-Up-and-Go
- VAS = Visual Analogue Scale
- 6MWT = 6 Minute Walk Test
- 30-CST = 30 Sec Chair Stand Test

The purpose of this document is to provide evidence-based guidance (evidence derived from a survey, chart audit, focus group, Delphi process and the literature) regarding the most appropriate outcome measures (OMs) to use for patients along the continuum of care for Total Hip Arthroplasty and Total Knee Arthroplasty. The selection of how many and which OMs to use is at the discretion of the clinician based upon the unique contexts of the practice setting.
REFERENCES


