

Expert consensus on best practices for post-acute rehabilitation after total hip and knee arthroplasty: A Canada-US Delphi study

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How did we conduct the study?

This study aimed to combine health professional and patient expertise with the available evidence to recommend best practices for post-acute rehabilitation following primary total hip arthroplasty (THA) and total knee arthroplasty (TKA) for osteoarthritis (OA). Over a 6-month period in 2009, two expert panels of allied health professionals, orthopaedic surgeons and other physicians, researchers and patients from Canada and the United States participated in a 3-round, online Delphi survey. The Delphi method is frequently used to reach consensus on health care topics when there is inconsistent or poor quality evidence on which to base recommendations or clinical practice guidelines. Between survey rounds, the panelists were fed back both their individual ratings and the group's averaged ratings along with comments which panelists reflected on prior to responding to the next round.

What were the results?

Consensus, which was set at 80% agreement, was reached on 22 THA and 24 TKA best practice key statements. Recommendations common to both procedures included the need for supervised rehabilitation interventions provided by trained health professionals early after discharge from the acute care setting to optimize patient outcomes. Personal and environmental contextual factors were identified as influencing the process and outcomes of THA and TKA rehabilitation. Routine use of standardized outcome measures to monitor patient recovery and effects of rehabilitation was strongly recommended and several standardized outcome tools identified. These tools addressed all domains of the International Classification of Functioning (ICF): body structure and function, activity, participation, and contextual factors.

What did we conclude?

Using a rigorous consensus method, the panel was able to agree on a large number of rehabilitation practice recommendations for the post-acute phase after primary THA and TKA for OA. Different views on the importance of various interventions emerged when we compared physiotherapist, surgeon and patient responses and those of researchers versus clinicians. This research is an important step toward reducing practice variation, closing the evidence-practice gap, and improving the quality of rehabilitation services after THA and TKA.

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