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Physician Update

SUCESSFUL SURGICAL OUTCOMES: ***The interdependent triad between the Surgeon, a Manually-Based Physical Therapist and the Patient.***

A recent article in the Philadelphia Inquirer entitled "**After Joint Replacement**, **Skipping Physical Therapy"** caught the eye of many physical therapists and patients in a shocking way. The initial focus of the story discussed the cost effective shift away from inpatient rehab stays and homecare post THR and TKR. A Rothman spokesman was quoted to report in 2011, 42% of TKR and 25% of THR went to inpatient rehab post-op; this has now declined to 15% of TKR and 11% for THR (mainly those with insufficient support at home). Our Physical therapy practice has also seen this trend and appreciate seeing these patients sooner within the first week in Outpatient PT. This makes a huge difference for the patient managing pain levels, decreased swelling and early ROM primarily due to the **amount of time we spend doing manual work!**

While many surgeons still refer to Outpatient PT for TKR, the article quoted one Mainline surgeon who felt only 10% of his TKR patients really needed outpatient PT. He was also quoted to say "you've got 10 years to strengthen the knee". We completely disagree with this potential trend as the patient is the one who stands to lose the most; the insurance companies with the greatest gain! We have seen all too often the patient who delayed PT or came from another facility who did not do the hands-on work required . These patients experienced painful restrictions at or less than 90 degrees; some requiring manipulation and extensive PT. Beginning PT within the first week, under the right care, prevents this process from developing and our patients are extremely grateful…..some request to come 5 days a week for the first 2 weeks!

While it is true that "most patients are walking and climbing stairs almost immediately post-op," as reported in the Inquirer article, many of those same patients demonstrate poor compensatory gait patterns. Additionally, walking and stairclimbing does not accurately reflect what can and should be done in an outpatient PT practice. It is also true that not all PT practices are created equal and sadly some of these practices are focused on higher patient volumes and very little manual therapies, which are critical early on and throughout the outpatient rehab process. It may also be true that many physicians may not know exactly what techniques PT's implement to restore ROM, Swelling Reduction, Strength and Function or how a "manually-based" PT practice differs from the average PT practice?

The following statistics on TKR/TKA also support the need to improve surgical outcomes:

1. **TKA reduces pain and improves health related quality of life in 90% of patients.** (*National Institutes of Health, NIH concensus statement on TKR 2003; 20:1-34.)*

2. **However, when asked about function, these same patients rate their satisfaction very low one year post TKA.** *(Dickstein R. et al. TKR in Elderly Patients self-appraised 6 and 10 months postoperatively. Gerontology.1998; 44:204-210.) (Noble PC et al. Does TKR restore normal function? Clin Orthop Relat Res. 2005:157-165)*

3. **26% of TKA are referred to outpatient rehab following TKA; but one year post-op, TKA patients walk 18% slower, climb stairs 51% slower and have quad deficits of nearly 40% compared to age matched non TKA people.** (*Lingard EA et al, Management and Care of patients undergoing TKA: variations across different healthcare settings. Arthritis Care Res. 2000; 13:19-136.) (Noble PC et al. Does TKR restore normal function? Clin Orthop Relat Res. 2005:157-165) (Walsh M. et al. Physical Impairments and functional limitations: a comparison of individuals 1 year after TKA with control subjects. Phys Ther 1998; 78:248-258.)*

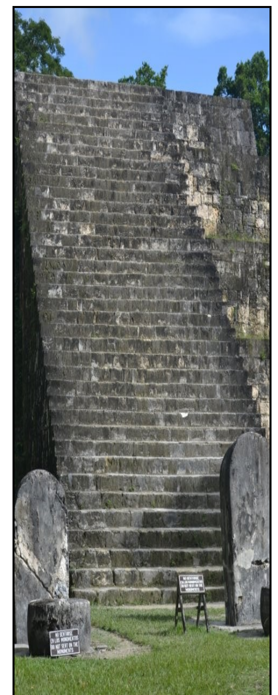
4. **Approximately 75% of TKA report difficulty negotiating stairs.** (*Noble PC et a..Does TKR restore normal function? Clin Orthop Relat Res. 2005:157-165)*

At Christine F. Hayes, Physical Therapy we use an extensive combination of myofascial release, active release, soft tissue and joint mobilization to quickly relieve pain and swelling. Additionally once we have progressed through Phase I of restoring normal gait, ROM and strength, **our team takes functional healing to a whole new level**! Each client will receive a head -to- toe "Selective Functional Movement Assessment" (SFMA) which not only identifies root issues leading up to a TKR but inter-regional patterns of dysfunctional movement throughout the body. Addressing these areas through targeted corrective exercise not only promotes stability around the new joint but enables our patients to achieve higher levels of function to meet their active lifestyles.

As a side note, we agree that THR often do not require acute PT, which is essential in the TKR. However, many patients seek our evaluative services for higher level function beyond the prescribed walking HEP. Examination via the SFMA and targeted corrective exercise is also important in the THR population. Patient **Tom Stanley** came to see us for progressive groin and medial knee pain. Upon examination, we felt a surgical referral was necessary to rule in DJD of the hip. Tom indeed required a THR and was told he did not need outpatient PT. After doing a walking program for 6 weeks, Tom returned to us on his own accord, with a compensatory gait pattern reflecting decreased pelvic mobility and hip hiking, poor balance with unilateral stance less than 10 sec. bilaterally worse on the surgical leg, asymmetrical heel and toe walk, poor squat with significant weight shift, core and spinal instabilities, limited ROM etc. We notified his surgeon about his functional deficits who then forwarded a prescription for PT! After a few short weeks with targeted exercise, manual therapy techniques etc., Tom regained full function in all of these areas!

Clyde Siravo, came to our practice 3 days post right TKR. "I am a veteran of 4 joint replacement surgeries with Joseph Vernace MD and consider myself a healthy 58 yr. old. Shortly after my most recent knee replacement, I read the article in the Inquirer which down played the importance of PT and their role in the rehab process. I cannot disagree with this premise strongly enough! After my first knee replacement I was guided by several different sources to Christine Hayes, PT in Paoli. The hands-on therapy provided was invaluable to my return to work within 4 weeks as an on-site railroad construction contractor. I was also able to play golf painfree 9 weeks post surgery. I am positive I would not have made such a complete and speedy recovery without the physical and emotional support I received during my rehabilitation. There is no replacement for the hands-on mobilization techniques required to attain range of motion goals provided by a skilled PT. I feel the rehab is every bit as essential as the surgery itself to a successful outcome."

Clyde pictured above performing the EFX now 5 weeks after his most recent TKR.



Julie Lloyd, pictured right had a TKR 7/6/2015 and was quite active prior to surgery. She completed PT in 6 weeks with advanced exercises designed to prepare her for her adventures hiking and climbing the Mayan ruins in both Tikal and Copan. In her own words "The whole trip was wonderful and I had no trouble keeping up with anyone! I really appreciate all your expertise in helping me get back to good physical condition. I continue to use the guides (HEP) you wrote up for me to stay in good shape." Julie climbed every ruin just 4.5 months after surgery!

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