



# **Hip and knee osteoarthritis: prevention through to post-operative care in north-west Tasmania Session Two**

**This webinar will start shortly.**



# **Hip and knee osteoarthritis: prevention through to post-operative care in north-west Tasmania Session Two**

**Zoom webinar – April 2024**

# Acknowledgement of traditional owners


We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.



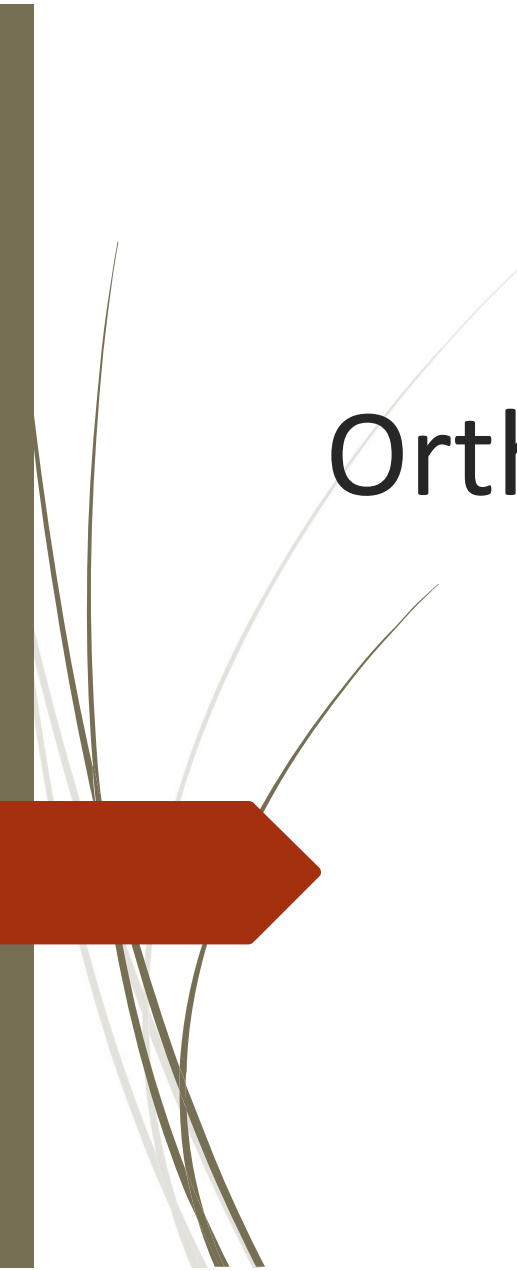
# Learning outcomes

After this session, I will be able to:

- Identify referral pathways and triaging for patients with osteoarthritis in the North West Regional Hospital
  - Outline the Orthopaedic Early Intervention approach to the management of hip and knee osteoarthritis from initial assessment to referral to orthopaedic surgeon
  - Identify patients who could benefit from conservative management (including GLA:D)
  - Describe the surgical approach for hip and knee surgery from technology through to results and outcome
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# Presenter(s)

- **Janie Lowde** - Advanced Scope Physiotherapist, Orthopaedic Early Intervention Service, Tasmanian Health Service
  - **Chloe Wilson** - Senior Physiotherapist, Prehab - Tasmanian Health Service
  - **Dr Russell Furzer** - Orthopaedic Surgeon, Tasmanian Health Service
  - **Dr Keith McArthur** – General Practitioner, GP Liaison Officer THS North-West, THS Clinical Lead for VAD
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# Orthopaedic Early Intervention Service

Team Leader

Janie Lowde

Senior Physiotherapist- Prehab

Chloe Wilson



## **The Level 4 Physiotherapist: Team Leader / Advanced Scope Physiotherapist**

- Conducts a Post-elective Arthroplasty Review clinic (PARC).
- Conducts a review clinic for patients requesting expedition of the date of surgery.



# **Post-Arthroplasty Review Clinic**

**Janie Lowde**






# Post-Arthroplasty Review Clinic

- ▶ The weekly PARC is co-located alongside the Orthopaedic consultant and registrar clinics.
- ▶ The EIS Team Leader reviews the post-operative total hip and knee joint replacements at the 6-week mark.
- ▶ Refers patients to see the consultant/ registrar at the 12 week or 6-month mark according to the individual patient's needs.




# EIS Referrals Process for PARC

- Outpatient Clinic Administration staff receive post arthroplasty patient details direct from the Ortho RMO.
  - Referrals are triaged.
  - Booking of Post-Arthroplasty clinic assessments occurs through Outpatient Clinic administration staff and are entered on iPM.
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## Inclusion Criteria for PARC

- Recent total joint replacement of the knee or hip for osteoarthritis or degenerative changes.
  - Patient resides within North West Tasmania.
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## Exclusion Criteria for PARC

- Suspected fracture.
- Significant joint instability.
- Significant post-operative infection.
- Brokered patients.



## Post-Arthroplasty Review Clinic

- ▶ Checks subjective progress.
- ▶ Checks wound.
- ▶ Checks ROM.
- ▶ Checks strength.
- ▶ Checks neuromuscular control
- ▶ Checks gait status
- ▶ Checks and progresses post operative exercise programme.



## Post-Arthroplasty review clinic

- Checks ability to cope with stairs.
- Re-tests pre-surgery outcome measures by same clinician or the Senior Physiotherapist - Prehab.
- Clears patient to return to driving if appropriate.
- Clears patient to return to work if appropriate.
- Refers patients to physiotherapy if not already referred.



## Post-Arthroplasty review clinic

- Streams patients with relevant issues straight into Orthopaedic consultant review or outpatient clinic nurse in the same clinic.
- Reports post-operative patient issues to the treating physiotherapist.
- Refers patients to see the consultant/ registrar at the 12 week/ 6-month mark according to the individual patient's needs.



# **Review clinic for expediting date of surgery**

Janie Lowde






## Review clinic for expediting date of surgery

The EIS Team Leader:

- Reviews waitlisted patients on referral, if significant changes are flagged in their health status, which may have an impact on their waitlisting priority.
- Refers patients on to suitable community programmes or health clinic follow-ups (for example to the Nutrition and Dietetics team) as indicated whilst on the waiting list for consultant review.



## EIS Referrals Process for Expediting Date of Surgery

- Outpatient Clinic Administration staff receive Orthopaedic patient details direct from the GP.
  - Referrals are triaged.
  - Waiting lists are created and booking of assessments occurs through Outpatient Clinic administration staff and are entered on iPM.
- 



## Review clinic for expediting date of surgery

- The review clinic is co-located within the registrar and consultant clinic.
- An EIS review appointment is scheduled with the patient for those patients on the surgical waiting list with variable or deteriorating conditions.
- Re-assessment of relevant subjective and objective measures and completion of a repeat Oxford Score is conducted.
- EIS review reports are sent to the referring GP and uploaded to the Digital Medical Record.

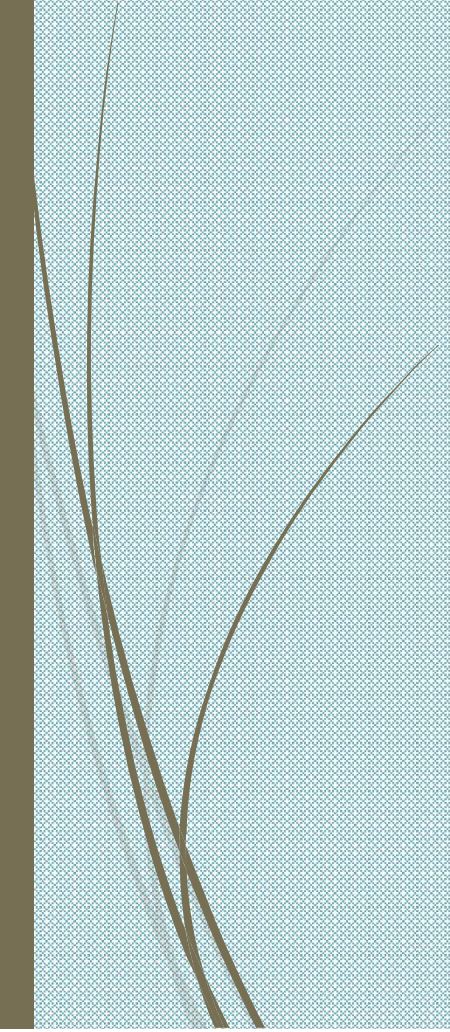


## **Review clinic for expediting date of surgery**

- If appropriate the patient is referred for brokeraage with discussion with the Associate Nurse Unit Manager for Elective Surgery.



## **Review clinic for expediting date of surgery**

- For patients with worsening conditions, the EIS Review Report recommends an increased prioritisation for Orthopaedic surgery, which is discussed with the Associate Nurse Unit Manager for Elective Surgery.
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## **Review clinic for expediting date of surgery**

- ▶ While awaiting surgery but with no confirmed date of surgery the EIS Team Leader may refer to the Senior Physiotherapist - Prehab for inclusion in the GLA:D program as a means of pre-operative management/ preparation for surgery.



# Post-hab Physiotherapy

Chloe Wilson



# Post-arthroplasty Physiotherapy

- Day 0-1 mobilisation with physiotherapist to reduce post-op complications: VTE, infection, postural hypotension and reduce LOS (Prinsloo & Keller, 2022)
- Gait aid prescription and gait retraining: Pick-up frame → Elbow crutches
- Step assessment
- A + E pain and swelling management
- Home exercise program
- Discharge




# Post-arthroplasty Physiotherapy

- Referred from inpatient physio staff to outpatient service
- Aims of physio:
  - Work with patient to return to baseline function
  - Gait education
  - Regain joint range of motion
  - Improve neuromuscular control
  - Balance retraining
  - Return to ADLs/self-care
  - Return to work/usual activities



# Physiotherapy

- Subjective completed including patient goals - what they would like to return to
  - Objective assessment of patient
    - Obs: wound/skin integrity
    - Gait
    - Joint ROM
    - Muscle activation
    - Muscle strength/power/endurance
    - Balance
    - Coordination
- 

# Physiotherapy

- Treatment:
  - Education
    - precautions
    - pain management
  - Gait retraining – progressing weight-bearing
  - Joint and soft tissue mobilisation
  - Muscle activation exercises
  - Stair practise
  - Home exercise program: 3 x day

# References

- Prinsloo, R.-M., & Keller, M. M. (2022). Same-day discharge after early mobilisation and increased frequency of physiotherapy following hip and Knee Arthroplasty. *South African Journal of Physiotherapy*, 78(1). doi:10.4102/sajp.v78i1.1755

# Surgical approach to hip replacement surgery

Russell Furzer (Orthopaedic Surgeon)

# Learning Outcomes

Overview on the role of surgery in management of osteoarthritis, including:

- Anatomy and approach
- Alignment and technology
- Results and patient specific factors that may influence outcomes



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Follow the new Novel Coronavirus (COVID-19) pathway for up to date information on the assessment and management of suspected cases.

Primary Health Tasmania – Coronavirus (COVID-19) response

Department of Health:

- Coronavirus
- Notifiable disease info
- Public Health Emergency Declaration

**Pathway Updates**

Updated – 19 February  
COVID-19 Assessment and Management in Aged Residential Care

Updated – 18 February  
COVID-19 Vaccination Information

Updated – 18 February  
Personal Protective Equipment (PPE)

Updated – 10 February  
COVID-19 MBS Items

Updated – 5 February  
COVID-19 Telehealth

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Medical / Rheumatology / Osteoarthritis (OA)

**Osteoarthritis (OA)**

See also:

- Hip Pain and Osteoarthritis (OA)
- Knee Osteoarthritis (OA)
- Hip and Knee Joint Replacement

**Assessment**

- Assess which joints are involved – most frequent sites are hand (genetic predisposition), hip, knee, and spinal facet joints.
- Ask about pain – classically use-related. Rest and nocturnal pain occurs with more severe disease.
- Look for:
  - associated symptoms
  - signs
  - body mass index (BMI) for adults
- Note diagnosis of OA is largely clinical but investigations may be necessary:
  - Consider X-rays, especially for peripheral joints, to confirm diagnosis and document severity. There is poor correlation between symptoms and X-ray changes, except for advanced disease.
  - May present with acute inflammation in chondrocalcinosis (pseudogout) e.g., knee synovitis – consider joint aspiration to confirm.
  - In a younger patient (aged < 50 years) with no predisposing factors (e.g., trauma, congenital incongruity), consider screening for haemochromatosis.
  - If inflammatory arthritis may be a possibility, arrange bloods for CRP, uric acid, anti-CCP, and rheumatoid factor.
  - Consider psoriatic arthritis and other sero-negative arthritis.
  - Consider requesting non-acute rheumatology assessment if either:
    - diagnostic uncertainty and severe pain, or
    - young patient with generalised osteoarthritis when concerned there may be an underlying condition or an alternative diagnosis.

SEND FEEDBACK




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