



@physicaltherapyresearch

# RAPID RESEARCH

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December 2021

## Inside This Week: Total Knee Replacements

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- ✓ Quality of Life After Total Knee Replacement

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  - ✓ Analysis of Total Knee Replacement Revisions

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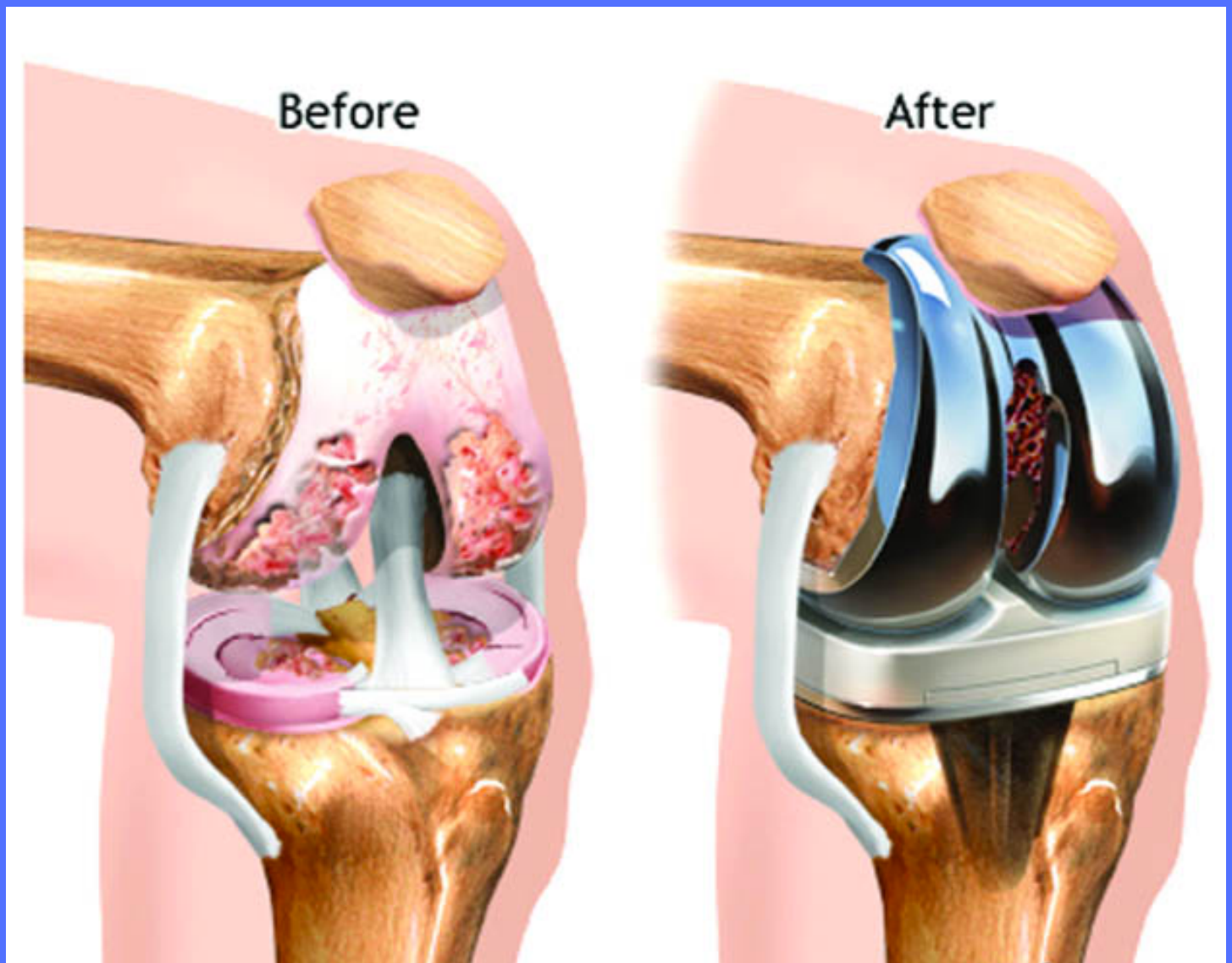
  - ✓ Effects of Early Rehab for Total Knee Replacement Outcomes



# QUALITY OF LIFE AFTER TOTAL KNEE REPLACEMENT

[Click for Full Text \(Canovas et al 2018\)](#)

The aim of this research was to better evaluate the results of TKA via patient-reported outcome measures (PROMs), which prioritizes patients' perspectives.



# KEY FINDINGS

TKA is associated with significant improvements in knee function and quality of life.

3 things affect patient satisfaction: Functional outcomes, Level of residual pain and Preoperative expectations.

Missed need for TKA is more common in young males with a normal BMI.

Return to sport is possible for more than 1/3 of patients, ~ 6 months post-op.

The best quality of life is achieved in patients >80 years.

The best functional improvements happen with the more severe disease.

No specific implant design, or surgical technique gives superior quality of life after TKA.

Post-op frontal alignment is not significantly correlated with quality of life after TKA.

## MAIN TAKEAWAYS

Development of quality of life scores has allowed us to place the results of TKA in a new light.

They have set the patient at the center of the healthcare system and shown that pain and/or stiffness are highly correlated with quality of life and the patients' subjective assessment of satisfaction.

the surgical community must take account of the considerable impact of psychological factors, with a risk of over expression of pain in certain cases.

Objective methods must be combined with subjective evaluation using PROMs.

# ANALYSIS OF TOTAL KNEE REPLACEMENT REVISIONS

[Click for Full Text](#)  
[\(Postler et al. 2018\)](#)

The aim of this study was to evaluate the causes for revision TKA, and comparison of those reasons with previously published data.



# KEY FINDINGS

402 cases in 312 patients.

32 revisions bilaterally and 25 knees revised more than once.

**Average of 6.2 years after primary TKA** for first revision.

The majority were late revisions after 2 years (73.7%).

Patients were **on average 72 years old**, ranging from 48 to 95 years old.

The **majority (64.4%) had severe systemic diseases** and a mean BMI of 30.6.

The 146 patients (36.3%) suffering from infection were an average of 3 years older than those with aseptic reasons.

**Most frequent reasons for revision included:**

Infection (36.1%)

Aseptic loosening (21.9%).

Peri-prosthetic fracture (13.7%)

45 patients (11.2%) had 1 cause of failure, 356 patients (88.6%) more than one.

# MAIN TAKEAWAYS

Most patients which are revised in a specialized arthroplasty center were referred from other hospitals.

Peri-prosthetic joint infection was the most common reason for revision and re-revision TKA.

This is in contrast to population-based registry data and has consequences on costs as well as on success rates in such centers.

# EFFECTS OF EARLY REHAB FOR TOTAL KNEE REPLACEMENT OUTCOMES

[Click for Full Text](#)  
[\(Masaracchio et al.](#)  
[2017\)](#)

This systematic review analyzed the role that early initiation of physical therapy has on length of stay and cost following total hip and knee replacements.



# KEY FINDINGS

WEEK 1: DECEMBER 2021

Of 1029 studies, 17 were included for review after screening for eligibility. A total of 26,614 patients were analyzed.

## **Length of stay:**

All 15 studies assessed Length of Stay in Hospital.

12 demonstrated a statistically significant difference in reduced days in hospital of 1.5 days on average.

## **Costs:**

Overall, 3 studies assessed total medical expenses following joint arthroplasty.

# MAIN TAKEAWAYS

Early initiation of rehabilitation following total hip arthroplasty, total knee arthroplasty, or uni-compartmental knee arthroplasty is **associated with a shorter length of stay in hospital.**

It also **contributes to lower overall cost.**

Also, there was **no evidence of an increased number of adverse reactions.**

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We would greatly appreciate any feedback you have, as it helps us continually improve!

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