

OHTAC Recommendation

Physiotherapy Rehabilitation after Total Knee or Hip Replacement

June 17, 2005

OHTAC Ontario
Health Technology
Advisory Committee

Physiotherapy Rehabilitation after Total Knee or Hip Replacement

The Ontario Health Technology Advisory Committee (OHTAC) met on June 17, 2005 and reviewed the health technology policy assessment on physiotherapy services after total knee or hip replacement.

OHTAC Findings:

A systematic review of the scientific literature was completed by the Medical Advisory Secretariat to determine the effectiveness of three physiotherapy interventions on physical functioning 1 year after primary total hip or knee replacement surgery:

1. Home-based physiotherapy compared with inpatient physiotherapy.
2. Clinic-based physiotherapy compared with self-managed home exercises.
3. Preoperative exercise program compared with no preoperative exercise.

Based on one large randomized controlled trial of high quality there is no advantage to receiving inpatient physiotherapy compared with a home-based physiotherapy program for primary total hip or knee replacement patients.

Based on one large randomized controlled trial of low to moderate quality there is no advantage to attending an outpatient physiotherapy clinic and practicing a self managed home exercise program when compared with practicing a self managed home exercise program and receiving supportive/monitoring phone calls from a physiotherapist for primary total hip or knee replacement patients.

Based on one large randomized controlled trial of moderate quality there is no advantage of an exercise program beginning 4-6 weeks before primary total knee replacement on physical functioning after surgery.

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Based on one small, randomized controlled trial of moderate quality there is limited advantage of an exercise program beginning 8 weeks before primary total hip replacement.

OHTAC Recommendations:

1. The health system should support the move towards home-based physiotherapy after primary total knee or hip replacement and discharge from acute care. Current initiatives that are underway in the province to improve allocation of physiotherapy services for primary hip and knee replacement patients should be supported by the health care system.
2. For patients who could attend an outpatient physiotherapy clinic consideration may be given to a self-managed home exercise program with a physiotherapist monitoring through phone calls.
3. The full benefit of a preoperative exercise program is not as yet realized.

These recommendations are made to Ontario hospitals and community services with the relevant expertise. They will be communicated to the hospitals and rehabilitation service providers through their posting on OHTAC's website and the distribution of OHTAC's E-bulletin.