Facility Rehabilitation following Total Hip Arthroplasty

Travis Mark Kotzur¹, Aaron Singh, Lindsey Noelle Peng, Chimobi Emukah², Ali Seifi, Chance C Moore ¹University of Texas Health San Antonio, ²UT Health San Antonio

INTRODUCTION: Appropriate rehabilitation is vital for a successful total hip arthroplasty (THA); however, guidance on best practices remains equivocal. The aim of this study is to assess outcomes of patients transferred to rehabilitation facilities following THA. Secondarily, we will assess demographic factors associated with transfer.

METHODS: The National Readmissions Database was queried for this retrospective cohort study. All patients undergoing THA from years 2016-2019 were included. Demographic data, hospital related outcomes, and postoperative complications were recorded. Multivariate regression, controlling for demographics and comorbidities, was performed to compare patients who were transferred to a facility for rehabilitation to those who did not require transfer.

RESULTS: From a total of 1,216,190 patients, 8,650 were transferred to a rehabilitation facility and were included in our analysis. Those who were transferred had greater medical (Odds Ratio (OR) 2.232; p<0.001) and surgical complications (2.654; p<0.001), increased 30-day readmissions (OR 1.288; p<0.001), longer LOS (OR 5.876; p<0.001), and greater total charges (OR 1.75; p<0.001). Patients over the age of 80 years (OR 3.339; p<0.001), females (OR 1.44; p<0.001), those with Medicare (OR 2.017; p<0.001) or Medicaid (OR 2.577; p<0.001), and patients in the lowest income quartile (OR 1.626; p<0.001) had increased odds of being transferred for rehabilitation.

DISCUSSION AND CONCLUSION: Transfer to a facility for rehabilitation following THA is associated with greater complications and a worse overall hospital course, with longer stays, more readmissions, and greater cost. Geriatric patients, female patients, and patients of low socioeconomic status are at greater odds of requiring a transfer and are predisposed to these poor outcomes.

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