

Optimizing Post-Operative Outcomes in Arthroplasty Rehabilitation: Enhancing Communication and Collaboration Between Surgeons and Physical Therapists

Patrick P Mark, Gerald Yu Liao, Elyse Brinkmann¹, Paul A Manner², Howard A Chansky³, Nicholas Hernandez¹

¹University of Washington, ²Univ of WA, ³UW Dept of Orthopaedics & Sports Medicine

INTRODUCTION:

Total joint arthroplasty (TJA) recovery requires a coordinated effort between the orthopedic surgeon and physical therapist (PT) teams. There is limited research investigating this, thus our aims were to explore agreement on recovery goals and communication.

METHODS:

A survey was administered to 468 PTs through health-networks and five TJA surgeons within one health-system. Surgeons had ingroup consensus on what was considered the best practice following TJA surgery, with six knee and seven hip specific questions. A chi-square test evaluated inter-rater agreement. We surveyed PTs (twelve questions) regarding communication between PTs and the surgical teams.

RESULTS:

There was disagreement ($p < 0.05$) between PTs and surgeons for questions: "following TKA, the leg will often lengthen especially if correcting a large deformity"-surgeons agreeing; "while recovering from a THA, if a leg-length difference is noted by the PT, a shoe lift should be recommended"- surgeons disagreeing; "following THA if a patient has leg-length difference, they could consider using a shoe lift at what time:"-surgeons recommended 8-12 months with 74% of PTs wanting 3 months or sooner. Many questions about post-TJA recovery goals showed clinically significant variation but did show statistically significant disagreement between groups. Regarding PT and surgical team communication, 86% of PTs believed communication "frequently" or "very-frequently" improves outcomes, 70% rated communication as "fair" to "very-poor". 92% "occasionally" to "very-frequently" felt burnout from required documentation, while 90% felt that <50% of the PT note is read/comprehended by the surgical team. 92% reported that having a centralized-electronic-platform would be helpful, with 93% agreeing this would decrease carbon-footprint.

DISCUSSION AND CONCLUSION: The findings suggest a discrepancy between PT and surgeon regarding TJA recovery goals. PTs reported a need for improved communication. Implementing an electronic platform could enhance communication and alleviate documentation burden. Education between the surgical and PT teams may improve agreement, communication, and outcomes.