

# Program Shortens Recovery After Total Joint Replacement

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**AS THE DEMAND** for knee and hip replacement surgery expands, Cleveland Clinic's Department of Orthopaedic Surgery is at the forefront of the development of new approaches to improving patient outcomes and overall satisfaction. For many patients, patient satisfaction means a quicker discharge home and an accelerated return to daily routine. With this in mind, our postoperative care has focused on decreasing patients' length of stay (LOS) and increasing their function at the time of discharge. Our Rapid Recovery (RR) program, initiated in 2006, emphasizes early and frequent mobilization as a means of achieving these goals.

In addition to patient satisfaction, several other factors are prompting our efforts. First, demographic data tell us that overall, patients receiving total joint replacements are younger and more active — and less willing or able to spend extended periods in convalescence. Additionally, third-party payers are becoming more selective in approving patients for inpatient rehabilitation stays. Traditionally, patients were kept in the hospital for an average of four days after joint replacement surgery and

were then transferred to an inpatient rehabilitation center for 10 to 14 days.

With Cleveland Clinic's Rapid Recovery program, the goal is a safe discharge home by postoperative day two or three. There is no subsequent inpatient rehabilitation; instead, patients undergo their initial physical therapy at home. During the first six months of the RR program, the average LOS decreased by 0.9 days, and patient satisfaction improved significantly.

All patients who undergo a unilateral primary knee or hip arthroplasty are eligible for the RR program. For patients undergoing knee replacement, pain control is improved by the use of a femoral nerve catheter that stays in place for the first 36 to 48 hours. To facilitate a quicker resolution of motor and sensory block, surgeons administer shorter acting spinal blocks prior to surgery. As soon as the spinal block has worn off (after about two hours), a physical therapist performs a thorough evaluation, which focuses on assessing the strength of the operative joint as well as the contralateral joint and the upper extremities. Once it has been determined that the patient is hemodynamically stable and possesses the necessary strength, he or she stands and is assisted in ambulation to his or her tolerance. Beginning on postoperative day one, the patient is seen twice a day for therapeutic exercise, range-of-motion activities and ambulation. The goal is to ensure that the patient can be safely discharged home by postoperative day two or three. After the initial period of home physical therapy, they are transitioned to an outpatient facility to continue rehabilitation.

The dedicated staff of the RR program includes three surgeons, five physical therapists and two case managers who work closely to optimize the entire experience. Because patients are hospitalized for such a short time, effective communication is essential between members of the healthcare team, the patient and his or her family to prepare properly for discharge. ■

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**The Orthopaedics Conference** is taking place during the Arab Health Congress from 26th-29th January 2009. The conference will include interesting and actual topics in the orthopedic field. The knee joint sessions will address primary and revision knee arthroplasty, and the hip session presents a mix of interesting topics. The spine sessions will deal with degenerative issues, deformity and it will include a workshop semi-rigid fixation. Sports will be addressed in a separate session. The last day of the 3 day conference involves pediatric orthopedics, foot and ankle and lower limb reconstruction including a basic TSF workshop. For more information, log on to [www.arabhealthonline.com](http://www.arabhealthonline.com) or email [arabhealth@irme.com](mailto:arabhealth@irme.com)