Total Hip and Total Knee Replacements – To Have or Not to Have?

A Physical Therapist's Perspective

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Total Hip and Total Knee Replacements - a personal decision

Goals:

- Optimize Function & Activity Level
- Decrease Pain from end-stage joint damage
- Minimize Risk for Falls
- Reduce Fear of Falling
- Activity + Movement = Healthspan

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Hip or Knee Replacement (?)

THR and TKR are successful & reliable surgeries

Success rates >90% to relieve pain and restore mobility

Pain tolerance

Risk for Falls due to Joint Pain/ Movement Dysfunction

Quality of Life

Overall Health

Risks: (<5%) infection, blood clots, nerve injury, revision surgery

US Population >65

2025: 1/8 or 61 million

2040: 1/5 or 80 million

Greater RISK of medical conditions associated with growing older – Osteoarthritis – Heart Disease – Diabetes/diabetic amputation/ polyneuropathy – Cognitive impairment – Stroke/Hemiparesis

These contribute to greater fall risk – problems with balance, strength, proprioception, judgment, mobility impairments requiring mobility aids, etc

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Risk for Falls….

1/4 of those over 65 fall each year

40% of nursing home admissions are related to falls

>90% of hip fractures for those over 65 are fall-related

In 2025 the direct medical costs of falls in patients >65 was $80 billion; $29 Billion paid by Medicare

A downward spiral: fear of falling causes less activity, which leads to less strength & less balance…which further increases risk for falls

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Decreased Activity Level:

- Pain – Shuts down muscle control, compensations
- Unsteadiness, “limping” or staggering with walking
- Decreased speed with walking
- Weakness/ poor hip or knee control with rising from sitting
- Difficulty in changing positions or with walking
- Avoiding activities due to pain and/or fear of falling

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Risk Factors

To Have or Not To Have a Total Knee or a Total Hip Replacement

Medical Issues - discuss with your PCP, Physical Therapist & your Orthopedic Surgeon:

- Poor general health
- Diabetes
- Arthritis
- Osteoporosis
- Activity Level
- Stroke
- Incontinence
- Musculoskeletal stiffness
- Weak muscles

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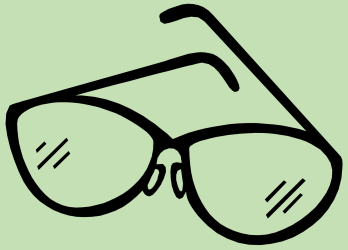
Risk Factors- discuss with your PCP, Physical Therapist and Orthopedic Surgeon:



- Current Activity Level
- Future Activity Level – Goals
- Determination/ Timing for THR or TKR
- Medication use & Side Affects
- Sensory perception—hearing, vision, feeling
- Posture changes/more stooped over – improve muscular control
- Cognitive/mental health—memory, inattention, dementia, depression
- Arthritis alone is not a rationale for surgery

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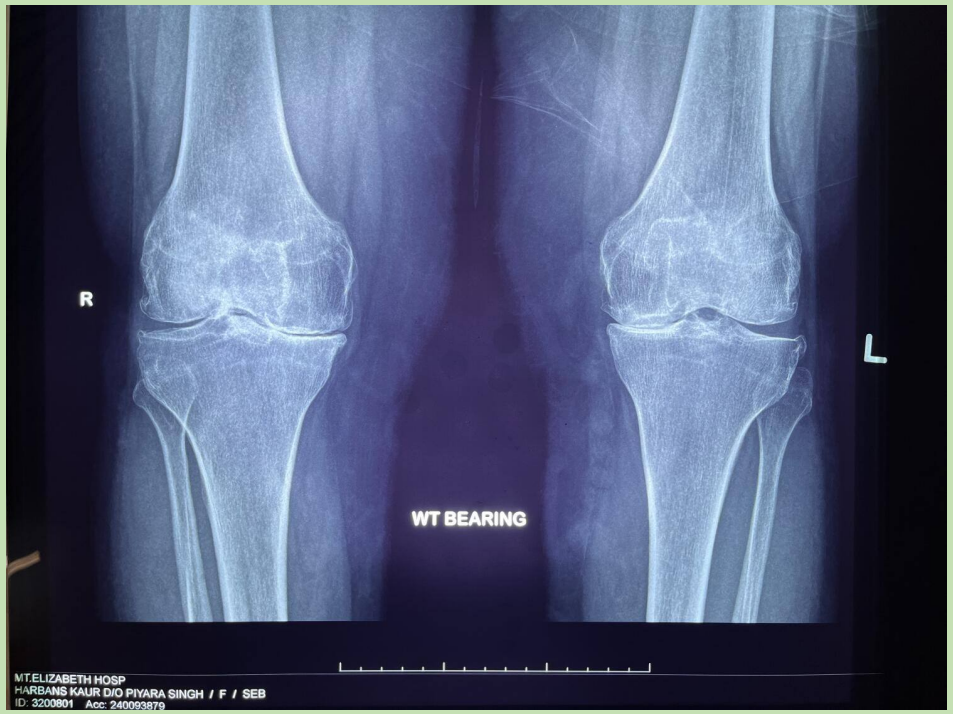
Diagnostic Findings - one tool

It is very common to find advanced knee or hip osteoarthritis (OA) on an X-ray and MRI in patients who have no pain or functional limitations; and to find patients with significant pain and functional limitations with normal X-ray and MRI findings.

X-Ray, CT Scan and MRI findings and clinical symptoms (cartilage, osteophytes, meniscal and ligamentous abnormalities) frequently do not correlate; joint damage is primarily structural, while pain involves complex neurological and inflammatory mechanisms.



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Fear of Falling

- Can be more disabling than the actual fall
- Falls lead to limiting activity = more fall risk
- Decreased Activity Level = Decreased Health Status

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Impaired Core Stability, Weakness & Balance

Impaired balance

Limping

Shuffling

Unsteadiness or staggering with walking

Decreased speed with walking

General weakness with rising from sitting

Dizziness with changing positions or walking

Avoiding bending over due to dizziness or fear of falling

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Self-Assessment/ Risk For Falls

I have fallen in the last 6 months.

I use or have been advised to use a cane or walker to get around safely.

Sometimes I feel unsteady when I am walking.

I steady myself by holding onto furniture when I walk.

I am worried about falling.

I need to push with my hands to stand up from a chair.

I am often dizzy when I first stand up.

I have trouble stepping up onto a curb. I often have to rush to the toilet.

I have lost some feeling or have pain in my feet.

I take medicine that sometimes makes me feel light-headed or more tired than usual.

I take medicine to help me sleep or improve my mood.

I often feel sad or depressed.

Total = 4 or more: indicates potential fall risk

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Activity Level is the Key!

- Strong evidence - physical activity has beneficial effects on **well-being, health, and longevity = Healthspan!**
  - **Moderate Exercise** is preferable; Include Balance
  - Vigorous Activity 2-3 x/week; Include Strength Training
  - 150 minutes/week (minimum)
  - Hip & Knee Pain Often Limits Activity Level
  - **Consult with your PCP/ Physical Therapist/ Orthopedic Physician** for specific individual guidelines
  - **“It’s Never Too Late - There’s Always Something You Can Do!”**

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Total Knee & Total Hip Replacements
Better Outcomes with "Pre-habilitation"

PT Evaluation - Identify Movement Compensations
Address Strength, Mobility & Balance Deficits

Strength – Muscular and Cardio-Vascular
Control Pain
Increased Activity Level = Increased Health Status
Balance Training – Speeding Up Postural reflexes/
Decrease Risk For Falls
Patient Education for THR & TKR recovery

Physical Therapy First for Best Outcomes –
whether you have surgery or not

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Total Hip and Total Knee Replacements - Process & Expectations

Pre-habilitation = Better Outcomes

PT Coordination with your Orthopedic Surgeon & PCP

PreHab - typically 6-8 weeks for strength & balance

Total Knee or Total Hip Replacement

Referral to Orthopedic Surgeon (if needed)

Orthopedic Surgeon Protocols

Post-Surgical Recovery (medically stable)

Home Health Care ("home bound" ~2 days to ~2-4 weeks)

Out-Patient Physical Therapy

THR typically ~8 weeks; TKR typically ~12 weeks

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Walking with Core Stability

Soft Heel Strike
Mid-Foot Landing
(beneath you)

Muscles are Shock
Absorbers

Adjust Speed, Stride
Length, Cadence

Eliminates Joint Strain

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Exercise: Core Stability & Body Awareness:

- Being active helps prevent falls
- Our bodies need cardio, strengthening, balance and stretching/flexibility
- Balance exercises help with speeding up our core/ postural reflexes
- Core Stability will help you improve your balance, strength, posture & movement

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Posture/ Core Stability - Standing

*Safety, Support, Balance

*Wall-, Mirror-, Shrug-Tests

Demonstration with Participation

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Checklist for Core Stability, Movement & Balance

1. Diaphragmatic Breathing

2. Neutral Pelvis & Spine - sitting

3. Foot & Ankle Control (“Toe Yoga”)

4. Hip Hinge (sit to stand)

5. Rib Cage Over Pelvis (Shoulders over Hips)

6. Diagonal Stance (“Ready Position” - standing)

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