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# Consensus Position Statement on Rehabilitation after Hip or Knee Arthroplasty

Australian Orthopaedic Association, Australian Knee Society & Arthroplasty Society of Australia

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## Background



The Australian Knee Society is the peak body representing clinicians and researchers in the science of knee surgery and knee conditions in Australia with the aim of advancing the standard of surgery and management of conditions of the knee joint in Australia.

The Arthroplasty Society of Australia is the peak body representing clinicians and researchers in the management of hip and knee arthroplasty in Australia, dedicated to the exchange of scientific and clinical knowledge with the aim to advance the standard of joint replacement procedures in Australia.

This consensus position statement deals with inpatient rehabilitation, out-patient rehabilitation and self-directed rehabilitation after Hip and Knee Arthroplasty in Australia. It was achieved using a Delphi technique, a systematic structured communication technique to achieve consensus using the executive of The Australian Knee Society and Arthroplasty Society of Australia as the expert panel in a two-round process. All statements received 100% consensus in agreement unless otherwise stated.

## With regard to Rehabilitation after Hip and Knee Arthroplasty:

1. Advances in joint arthroplasty have reduced the length of stay and requirement for rehabilitation.
2. The majority of patients do not require inpatient rehabilitation after total knee and total hip arthroplasty.
3. Routine referrals to inpatient rehabilitation are not appropriate.
4. Self-rehabilitation after arthroplasty surgery is appropriate for many patients.
5. It is a misconception to believe that all patients having hip and knee replacement do better with in-patient rehabilitation.
6. Social factors and patient's beliefs are a significant driver of referral to inpatient rehabilitation.
7. Referral to rehabilitation should be a shared decision between the patient and the medical team.
8. Referral to rehabilitation should not be influenced by commercial relationships between hospitals, surgeons or health care funders.



9. Early mobilisation is appropriate for the majority of arthroplasty patients.
10. Those who require inpatient rehabilitation tend to be older and have greater co-morbidities than those who do not.
11. Research is required into improving predicting before surgery who will benefit from inpatient rehabilitation.
12. Research is required to determine if patients who receive outpatient physiotherapy have better outcomes to those who self-rehabilitate. #
13. Patients who go to in-patient rehab incur increased investigations, increased adverse events and increased re-admission rates, however, this may be due to them being older and having more co-morbidities. \*

#89% Agreed, 11%  
Uncertain

\*78% Agreed, 22%  
Uncertain