

Advanced Techniques for Rehabilitation after Total Hip and Knee Arthroplasty

Editorial Comment

Michael A. Mont MD, Thorsten M. Seyler MD

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Today, more total hip and knee arthroplasties are being performed than in the past as a result of the larger and aging population. In addition, there is a younger, more active population seeking pain relief for disabling arthritis at an earlier age because of the purported success of these procedures. No longer are these procedures performed to simply allow the patient to walk and perform activities of daily living but rather, many patients, including seniors, want to resume an active lifestyle. As such, pain management techniques and rehabilitative efforts need to be enhanced.

The present symposium originated from a need for more focus on these newer available pain management and rehabilitative modalities. As reconstructive hip and knee surgeons, we concentrate mostly on the indications, pre-operative planning, and techniques for performing hip and knee arthroplasties to ensure the best outcomes for our patients. However, we often neglect to consider the best pain management and rehabilitative methods. In addition, many of us, as well as physical therapists, physiatrists, and others involved in rehabilitation of joint arthroplasty, utilize methods developed in the 1970s that are often

outdated. For example, the same degree of risk for a twelve week period against hip dislocation may not be necessary when using large-sized femoral head bearings in total hip arthroplasty. Similarly, we may not need to restrict range-of-motion when using total knee arthroplasty devices that permit an increased and almost normal range-of-motion when compared to early designs.

The newer rehabilitative methods represent a continuum employing new surgical techniques, such as minimally invasive approaches and devices, as well as newer anesthesia and management and rehabilitation protocols. All of these modalities may be intimately connected and their optimization can lead to the best patient outcomes.

This symposium focuses on recently introduced concepts concerning the coupling of new approaches to hip and knee arthroplasty with new pain management protocols and novel rehabilitation techniques. It is expected that some of the studies presented here will spark interest in reconstructive surgeons for immediate use, and spur further interest for future study.

We must appreciate that newer techniques must undergo careful analysis, scientific study, and the peer-review process. We would like to emphasize that any of these new techniques for pain management and rehabilitation continue to be assessed concerning their scientific basis. As many of these reports are still preliminary, though thought-provoking, it is one of the major goals of this symposium to stimulate further interest for surgeons in this field.

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M. A. Mont (✉)
Center for Joint Preservation and Replacement, Rubin Institute
for Advanced Orthopedics, Sinai Hospital of Baltimore,
2401 West Belvedere Avenue, Baltimore, MD 21215, USA
e-mail: mmont@lifebridgehealth.org

T. M. Seyler
Department of Orthopaedic Surgery, Wake Forest University
School of Medicine, Winston-Salem, NC, USA