

Occupational therapists work with people throughout the Total Hip Replacement pathway

Key facts:

Total hip replacement has been identified as an effective treatment for the hip joint that causes pain and is no longer functioning properly, and when conservative management is no longer effective (British Orthopaedic Association 2006). Hip replacement may also be indicated following trauma to the hip, such as in hip fracture (National Institute for Health and Clinical Excellence 2011, Scottish Intercollegiate Guidelines Network 2009).

The Musculoskeletal Services Framework (Department of Health 2006) identifies the involvement of occupational therapists throughout the total hip replacement pathway. This includes active management within the community, at the musculoskeletal interface clinic, in multi-professional pre-operative assessment with identification of potential post-operative service user concerns, in the provision of adaptive equipment and in discharge planning to prevent discharge delays following surgery.

Occupational therapy, particularly in pre-admission assessment, is also highlighted in the consensus document 'Primary total hip replacement: a guide to good practice', published by the British Orthopaedic Association (2006). This document states that occupational therapists, along with other members of the multidisciplinary team, can assist in preventing cancellation of surgery, allow comorbidities and risk factors to be identified and facilitate discharge planning. Occupational therapy involvement with adults undergoing a total hip replacement takes place in the acute inpatient or pre-operative setting, although not exclusively (Drummond et al 2012).

Occupational therapy intervention will include:

Assessment prior to surgery, which provides an opportunity for the service user to discuss their goals and desired outcomes with the occupational therapist. The assessment may include discussion of any concerns or anxieties the service user may have regarding their current functional abilities in relation to self-care, productivity and leisure, their roles, occupations and home environment.

Education is an important element of pre-operative occupational therapy. The occupational therapists works with the service user to build on their current knowledge, address concerns, to provide an opportunity to discuss what their surgery will involve and how recovery will impact on their daily lives.

Hip precautions, which are restrictions on range of movement and activities undertaken by the service user, traditionally implemented as a preventative measure. Variations exist in practice and, as more evidence becomes available to challenge the efficacy of hip precautions, this is an area of practice likely to see ongoing change.

Key benefits:

The following key benefits are derived from the COT (2012) practice guidelines 'Occupational therapy for adults undergoing total hip replacement'.

- Pre-operative assessment can be carried out for the majority of service users in the clinic environment. However, when the service user has complex needs, an occupational therapist is able to undertake a home-based assessment to optimise pre-surgery function and enhance the rehabilitation and discharge planning process.
- Occupational therapists are able to contribute to standardised pre-operative education interventions, providing information, advice and demonstrations where relevant, e.g. of joint protection principles, equipment.
- Occupational therapists are able to involve service users in discussion of their assistive equipment needs and facilitate provision pre-operatively. This can enhance confidence and compliance in use post-operatively.



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- The skills of the occupational therapist mean that they are able to take into account the service user's anxiety and cognitive status, and discuss these during individualised goal setting, reducing anxiety and enhancing realistic expectations of functional independence post-operatively.
- Occupational therapists are able to provide advice to facilitate service users in establishing previous and new roles and relationships, and shift their focus from disability to ability. This can assist service users to maximise the potential benefits of their joint replacement.
- Including informal carers in their pre-operative assessment/education, and post-operative intervention, means that the occupational therapist is able to maximise service user independence and reduce carer stress.
- Discussion around employment status as part of the pre-operative assessment enables service users to discuss with the occupational therapist a realistic timeframe regarding return to work and to plan a return to work schedule with their employer. It may include providing advice on areas such as energy conservation, joint protection, pacing and possible role/task modification while awaiting hip replacement. This can support the service user in continuing in paid employment, voluntary or other work related activities.

Cost benefit:

Pre-operative assessment and education for the majority of service users can be effectively carried out by occupational therapists in the clinic environment. Targeting home visits to those with complex needs has potential cost benefits (COT 2012).

Occupational therapy can contribute to multidisciplinary rehabilitation programmes which can have a positive impact on service user-related outcomes, such as function and quality of life, as well as institutional outcomes, such as length of stay and cost (COT 2012).

References

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