

Understanding consumer and clinician preferences for inpatient rehabilitation after joint arthroplasty

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Background

This project aims to understand clinician and consumer preferences for and attitudes towards rehabilitation following joint arthroplasty. Given that inpatient rehabilitation is a comparatively costly option, understanding its perceived value when compared to other modes may help the development of acceptable and sustainable alternatives.

Method

A random sample of orthopaedic surgeons, rehabilitation specialists and physiotherapists were invited to participate, as well as consecutive eligible private arthroplasty patients and carers. Alternative models of rehabilitation were presented during semi-structured interviews, with participants asked to rate their acceptability. The options presented were outpatient group-based, outpatient one-to-one, domiciliary, hotel-based and inpatient rehabilitation therapy. All interviews were transcribed verbatim, and analysis employed the process of qualitative description.

Results

A clinician sample comprising 19 orthopaedic surgeons, 10 physiotherapists, and 8 rehabilitation specialists, along with 39 patients and 19 carers, participated. There was a variety of clinician-reported preferences for mode of rehabilitation provision post-surgery. One-to-one outpatient physiotherapy was rated most acceptable by orthopaedic surgeons and physiotherapists, while inpatient rehabilitation was rated most acceptable by rehabilitation specialists.

Consumer-reported preferences for mode of rehabilitation provision post-surgery also varied. Factors which influenced consumer choices included: clinical status post-surgery; professional support and motivation; support networks; convenience; physical home environment; past experience; and external influences. After treatment, the patient and carer preferences tended towards the type of rehabilitation received, with 28 of 39 participants nominating the mode of rehabilitation received as their preferred option.

A number of key factors driving the decision to attend inpatient rehabilitation post-surgery were also identified.

Discussion

The increasing annual volume of arthroplasty surgery requires new, more sustainable models of care to be developed. An understanding of consumer and clinician preferences for rehabilitation, particularly inpatient rehabilitation, will help inform future models of care delivery hand-in-hand with new evidence of effectiveness as it emerges.