

Compared to home-based program, inpatient rehab following knee replacement does not improve mobility

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Among patients with osteoarthritis undergoing total knee replacement and who have not experienced a significant early complication, the use of inpatient rehabilitation compared with a monitored home-based program did not improve mobility at 26 weeks after surgery, according to a study appearing in the March 14 issue of *JAMA*.

From 1980 to 2010, the prevalence of [total knee replacement](#) in the United States increased 11-fold. Formal rehabilitation programs, including inpatient programs, are often assumed to optimize recovery. Inpatient programs, however, have not been compared with any outpatient or home-based programs. Justine M. Naylor, Ph.D., of the University of New South Wales, Liverpool, Australia and colleagues randomly assigned patients with osteoarthritis undergoing [total knee arthroplasty](#) (replacement) to receive 10 days of hospital inpatient rehabilitation followed by an 8-week clinician-monitored home-based program (n = 81) or the home-based program alone (n = 84). There were 87 patients in an observational group, which included only the home-based program.

Among the measures analyzed, there was no significant difference in the 6-minute walk test between the inpatient rehabilitation and either of the two home [program](#) groups, nor in patient-reported pain and function, or quality of life. The number of postdischarge complications for the inpatient group was 12 vs nine among the home group, and there were no

adverse events reported that were a result of trial participation.

"These findings do not support inpatient rehabilitation for this group of patients," the authors write.

More information: *JAMA*, [DOI: 10.1001/jama.2017.1224](https://doi.org/10.1001/jama.2017.1224)

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