



# NATIONAL CLINICAL GUIDELINE FOR HIP OSTEOARTHRITIS – NON-SURGICAL TREATMENT AND REHABILITATION FOLLOWING TOTAL HIP ARTHROPLASTY

## Quick Guide

### **Consider offering neuromuscular/functional training to patients with hip osteoarthritis as an add-on to the usual treatment.**

#### Weak recommendation

*It was not considered necessary to update the recommendation in 2020.*

The working group finds that the training should be individualised and progressive based on the patient's level and progress. It is important for the benefit of any training intervention that there is a focus on achieving high training compliance and establishing lasting training habits. The training can be planned and organised as a combination of home exercises and training supervised by a healthcare professional.

### **Consider offering supervised strength training to patients with hip osteoarthritis as an add-on to the usual treatment.**

#### Weak recommendation

*It was not considered necessary to update the recommendation in 2020.*

Strength training performed using fitness machines provides the opportunity to train muscle strength with a high load, even for fragile patient groups. The working group's experience is that it requires healthcare professional supervision to achieve a high load with good effect on muscle strength. Muscle-related soreness can be expected after strength training, and it is essential to prepare the patients for this. To optimise the benefit of the strength training and to establish lasting training habits, the focus should be on achieving high training compliance.

### **Consider offering manual therapy to patients with hip osteoarthritis as an add-on to the usual treatment.**

#### Weak recommendation

*It was not considered necessary to update the recommendation in 2020.*

Manual therapy as a treatment form for patients with hip osteoarthritis should not stand alone, but be offered as a supplement to other treatments. If no effect is seen after 4-6 treatment sessions with manual therapy, a re-evaluation should be done regarding the type of manual therapy and, if necessary, it should be considered whether to discontinue the intervention.



**It is good practice to offer weight loss intervention to overweight patients with hip osteoarthritis as an add-on to the usual treatment.**

Good practice (consensus)

*It was not considered necessary to update the recommendation in 2020*

On indication of weight loss, information about the general positive health effect should be included in the consultation and be recommended to the patient. Preferences and options for weight loss interventions should be reviewed with the patient, possibly with referral to a dietician. It is recommended that weight loss intervention is planned with long-term goals, including sustained lifestyle changes.

**Consider offering combined patient education and training to patients with hip osteoarthritis as an add-on to the usual treatment.**

Weak recommendation

*It was not considered necessary to update the recommendation in 2020.*

The working group finds that patient education should comprise of, for example, pain management, activity adaptation and knowledge about arthrosis and the effect of various treatment options. The working group finds that the training should be individualised and progressive based on the patient's level and progress. It is important for the benefit of any training intervention that there is a focus on achieving high training compliance and establishing lasting training habits. The training can be planned and organised as a combination of supervised training and home exercises.

**Do not routinely offer supervised rehabilitation after total hip arthroplasty, as the effect is not better than self-training based on instructions.**

Weak recommendation **AGAINST**

*The recommendation was updated in 2020*

Consider offering supervised rehabilitation to patients with special needs. The working group's assessment is that these patients may, for example, but not exclusively, be patients who:

- have problems managing day-to-day activities, **or**
- suffer from multiple diseases or comorbidity (this may be both somatic or mental illness of importance to the need for support for their rehabilitation), **or**
- have impaired cognitive function, **or**
- where self-training does not meet their rehabilitation expectations or goals

For all patients who have undergone total hip arthroplasty, instruction in resumption of activities should be offered during their hospitalisation. For patients with special needs, supervised training is defined as training minimum twice a week for at least six weeks with commencement no later than three months after the operation. The training is supervised by a healthcare professional. Training-related soreness can be expected during or after rehabilitation, and it is relevant to inform the patients about this. The training should be planned and organised based on the patient's goals to optimise the benefit of rehabilitation and establish lasting training habits. Training activities should be selected in consultation with the patient, focusing on achieving high training compliance.



### **Consider offering strength training to those patients who are offered a supervised rehabilitation course after total hip arthroplasty.**

Weak recommendation

*The recommendation was updated and changed in 2020.*

It may be considered to include strength training in the rehabilitation courses in which supervised rehabilitation is offered (see the recommendation for supervised rehabilitation).

The working group's experience is that it requires a certain degree of supervision to achieve a sufficiently high load and subsequent effect on muscle strength. Supervised strength training means a minimum of two weekly training sessions where muscle-strengthening exercises form part of the programme. In connection with training shortly after total hip arthroplasty surgery, the exercises must be planned to comply with any post-surgery restrictions.

Soreness can be expected after strength training, and it is relevant to inform the patients about this. Strength training should be planned and organised based on the patient's goals to optimise the benefit of rehabilitation and establish lasting training habits. Training activities should be selected in consultation with the patient, focusing on achieving high training compliance.

### **Do not routinely use movement restrictions after total hip arthroplasty, as the risk of dislocations may not be reduced.**

Weak recommendation **AGAINST**

*The recommendation was updated and changed in 2020.*

The recommendation applies to patients who have had a primary (initial) total hip arthroplasty inserted with posterior surgical access and an articular head of 32 mm or larger as a consequence of primary hip osteoarthritis.

In some patients, there may be an increased risk of hip dislocation, and, for these patients, it should be considered whether to recommend movement restrictions. This may, for example, be elderly patients aged above 75 who suffer from multiple diseases or comorbidity (this may be both somatic or mental illness in treatment with psychoactive drugs) and patients with suboptimal prosthesis placement.

Movement restrictions mean that the patient is instructed to be careful with movements to extreme positions (hip flexion above 90 degrees, hip adduction and inward rotation). The lending of technical aids should be based on an individual needs assessment.



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## About the Quick Guide

This Quick Guide contains the key recommendations from the national clinical guideline for hip osteoarthritis – non-surgical treatment and rehabilitation following total hip arthroplasty. The guideline was prepared under the auspices of the Danish Health Authority.

The guideline is expected to lead to a more uniform and evidence-based treatment offer for patients with hip osteoarthritis, both in the non-surgical part of the treatment and in the rehabilitation after total hip arthroplasty among patients who have been surgically treated.

The national clinical guideline contains recommendations regarding selected parts of the field, and it cannot stand alone, but must be seen in conjunction with other guidelines, recommendations, process descriptions etc.

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### **Further information at [www.sst.dk](http://www.sst.dk)**

A full-length version of the national clinical guideline is available at the Danish Health Authority's website ([www.sst.dk](http://www.sst.dk)), including a detailed review of the underlying evidence for the recommendations.

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### **About the national clinical guidelines**

This national clinical guideline is one of the national clinical guidelines prepared by the Danish Health Authority in the period 2017-2020.

Further information about the choice of subjects, method and process is available at [www.sst.dk](http://www.sst.dk)

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