Joint replacement (primary): hip, knee and shoulder

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 5pm on 26/11/19 email: jointreplacement@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP)
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**No Disclosures to make**

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Name of commentator person completing form:		**Katrina Mitchell**		
Type		[office use only]		
Comment number	**Document** [guideline, evidence review A, B, C etc., methods or other (please specify which)]	**Page number** Or **'general'** for comments on whole document	**Line number** Or **'general'** for comments on whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Guideline	16	45	We are concerned that this recommendation may imply that ……..
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because ……
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact…….
Example 4	Guideline	37	16	This rationale states that…
Example 5	Evidence review C	57	32	There is evidence that …
Example 6	Methods	34	10	The inclusion criteria …
Example 7	Algorithm	General	General	The algorithm seems to imply that …
1	Draft Guideline	9	9 and 18	We are concerned that by specifying mobilisation and exercise prescription of a patient receiving a primary total hip or total knee replacement should be by a physiotherapist and occupational therapist undermines the essential role of the therapy teams support staff. The recommendation would be a challenge to implement without the whole therapy team's involvement and thus would ask the NICE team to rephrase to highlight this. As a professional network we would request that the

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				recommendation removes the specific professional titles of physiotherapist and occupational therapist and uses a member of the "orthopaedic" therapy team.
2	Draft Guideline	13	3-7 18, 19	There is clinical evidence that mobilisation on the day of surgery has been implemented widely across the UK in response to Enhanced Recovery recommendation adoption of Local Infiltration of Local Anaesthetic. This offers 2 significant benefits primarily to patient experience; 1. Mobilisation on the day of surgery reduces anxiety for patients suffering a disturbed night sleep with pain and worry regarding first mobilisation the following morning. 2. Full utilisation of the most effective and optimal multi modal pain management regime during the most painful and anxiety inducing first mobilisation. If patients are mobilised the day following surgery the opportunity to capitalise on the benefits of Local Infiltration are lost.
3	Draft Guideline	3	5-19	The rational does not state a time for the provsion of the pre-operative information and the professional netowork would request that this was specified. This is to ensure that the education was provided to those patients whom had been listed for athroplasty surgery. In additon if was felt that cosideration should be made to the below evidence that was not identified in the gudieline. 1. Berg U, Berg M, Rolfson O, Erichsen-Andersson A. Fast-track program of elective joint replacement in hip and knee-patients' experiences of the clinical pathway and care process. Journal of Orthopaedic Surgery. 2019;14(1):186. PubMed PMID: 31227003. 2. Goldsmith LJ, Suryaprakash N, Randall E, Shum J, MacDonald V, Sawatzky R, et al. The importance of informational, clinical and personal support in patient experience with total knee replacement: a qualitative investigation. BMC Musculoskeletal Disorders. 2017;18(1):127. PubMed PMID: 28340610. 3. Hovik LH, Aglen B, Husby VS. Patient experience with early discharge after total knee arthroplasty: a focus group study. Scandinavian Journal of Caring Sciences. 2018;32(2):833-42. PubMed PMID: 28833302.

				4. Lucas B, Cox C, Perry L, Bridges J. Pre-operative preparation of patients for total knee replacement: An action research study. International Journal of Orthopaedic & Trauma Nursing. 2013;17(2):79-90. PubMed PMID: 104266613. Language: English. Entry Date: 20130524. Revision Date: 20150711. Publication Type: Journal Article. 5. Lucas B, Cox C, Perry L, Bridges J. Changing clinical team practices in preparation of patients for Total Knee Replacement: Using Social Cognitive Theory to examine outcomes of an action research study. International Journal of Orthopaedic & Trauma Nursing. 2013;17(3):140-50. PubMed PMID: 104194527. Language: English. Entry Date: 20130816. Revision Date: 20150711. Publication Type: Journal Article. 6. Specht K, Kjaersgaard-Andersen P, Pedersen BD. Patient experience in fast-track hip and knee arthroplasty - a qualitative study. Journal of Clinical Nursing (John Wiley & Sons, Inc). 2016;25(5-6):836-45. PubMed PMID: 112965608. Language: English. Entry Date: 20160224. Revision Date: 20190429. Publication Type: Article.
4		4	18-24	The network is concerned using the word “can” when advising to complete exercises to aid recovery following arthroplasty surgery. We are aware that there is limited strong evidence to support the use of exercises and that more is required, but clinically exercises are essential to the rehabilitation of this group of patients. The use of the word “can” imply that exercises are optional, and the network would like the work “should” to be considered in preference.
5		10	4 and 14	The network has raised a concern about the vague nature of the phrase “is not effective” and seek further clarification of what the evidence highlights as key features to suggest that the methods used are ineffective. In clinical practice this involves the use of outcome measures and are there any specific measures highlighted in the evidence that should be used to confirm when the exercise program in use is not effective.
6		10	1-4	The network agrees that tailored exercises are sometimes essential for the rehabilitation of these patients but would request further guidance on the identification of these patients. Are there specific

				traits or outcome measures that can be used to highlight the patients that will require a tailored program over self-directed exercises.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF).**
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**.
- Do not paste other tables into this table – type directly into the table.
- **Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms **do not include attachments** such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees. Further information regarding our privacy information can be found at our privacy notice on our website.

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