Orthopaedics

Ten Things Physicians and Patients Should Question

by
The Canadian Orthopaedic Association
The Canadian Arthroplasty Society
Arthroscopy Association of Canada

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Choosing Wisely Canada™
In partnership with the Canadian Medical Association

1 Don't use arthroscopic debridement as a primary treatment in the management of osteoarthritis of the knee.

Several recent meta-analyses have culminated in clinical practice guidelines recommending against the use of arthroscopic debridement for the treatment of degenerative knee arthritis and meniscal tears in patients over the age of 35, as it appears there is no maintained benefit of arthroscopic surgery over conservative management (exercise therapy, injections, and drugs). However, this does not preclude the judicious use of arthroscopic surgery when indicated to manage symptomatic co-existing pathology in the presence of osteoarthritis or degeneration.

2 Don't order a knee MRI when weight-bearing x-rays demonstrate osteoarthritis and symptoms are suggestive of osteoarthritis as the MRI rarely adds useful information to guide diagnosis or treatment.

The diagnosis of knee osteoarthritis can be effectively made based upon the patient's history, physical examination, and plain radiography consisting of weight-bearing posterior-anterior, lateral and skyline views. Ordering MRI scans incurs further waiting times for patients, can cause unnecessary anxiety while waiting.

3 Don't order a hip MRI when x-rays demonstrate osteoarthritis and symptoms are suggestive of osteoarthritis as the MRI rarely adds useful information to guide diagnosis or treatment.

The diagnosis of hip osteoarthritis can be effectively made based upon the patient's history, physical examination and plain radiography. Ordering MRI scans incurs further waiting times for patients, can cause unnecessary anxiety while waiting for specialist consultation, and can delay MRI imaging for appropriate patients.

4 Don't prescribe opioids for management of osteoarthritis before optimizing the use of non-opioid approaches to pain management.

The use of opioids in chronic non-cancer pain is associated with significant risks. Optimization of non-opioid pharmacotherapy and non-pharmacologic therapy is strongly recommended. Treatment with opioids is not superior to treatment with non-opioid medications in improving pain-related function over 12 months in patients with moderate to severe hip, knee or back pain due to osteoarthritis.

5 Don't routinely request pathological examination of tissue from uncomplicated primary hip and knee replacement surgery undertaken for degenerative arthritis.

Several large reviews including thousands of patients have demonstrated that routine pathological examination of operative specimens from uncomplicated primary hip and knee arthroplasty surgeries does not alter patient management or outcome.

6 Avoid performing routine post-operative deep vein thrombosis ultrasonography screening in patients who undergo elective hip or knee arthroplasty.

Since ultrasound is not effective at diagnosing unsuspected deep vein thrombosis (DVT) and appropriate alternative screening tests do not exist, if there is no change in the patient's clinical status, routine post-operative screening for DVT after hip or knee arthroplasty does not change outcomes or clinical management.

7 Don't use needle lavage to treat patients with symptomatic osteoarthritis of the knee for long-term relief.

The use of needle lavage in patients with symptomatic osteoarthritis of the knee does not lead to measurable improvements in pain, function, 50-foot walking time, stiffness, tenderness or swelling.

8 **Don’t use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.**

Both glucosamine and chondroitin sulfate do not provide relief for patients with symptomatic osteoarthritis of the knee.

9 **Don’t use lateral wedge insoles to treat patients with symptomatic medial compartment osteoarthritis of the knee.**

In patients with symptomatic osteoarthritis of the knee, the use of lateral wedge or neutral insoles does not improve pain or functional outcomes. Comparisons between lateral and neutral heel wedges were investigated, as were comparisons between lateral wedged insoles and lateral wedged insoles with subtalar strapping. The systematic review concludes that there is only limited evidence for the effectiveness of lateral heel wedges and related orthoses. In addition, the possibility exists that those who do not use them may experience fewer symptoms from osteoarthritis of the knee.

10 **Don’t use post-operative splinting of the wrist after carpal tunnel release for long-term relief.**

Routine post-operative splinting of the wrist after the carpal tunnel release procedure showed no benefit in grip or lateral pinch strength or bowstringing. In addition, the research showed no effect in complication rates, subjective outcomes or patient satisfaction. Clinicians may wish to provide protection for the wrist in a working environment or for temporary protection. However, objective criteria for their appropriate use do not exist. Clinicians should be aware of the detrimental effects including adhesion formation, stiffness and prevention of nerve and tendon movement.

How the list was created:

Recommendations 1-5

The Canadian Orthopaedic Association (COA) developed recommendations 1-5 in early 2018 in collaboration with the Canadian Arthroplasty Society (CAS) and the Arthroscopy Association of Canada (AAC). Recommendation 1 arises from the position statement from the AAC concerning arthroscopy of the knee joint. Recommendations 2, 3 and 5 were brought forth by members of the CAS at their Annual Meeting in 2017. Recommendation 4 was brought forth by members of the COA Standards Committee following the COA Annual Meeting in June 2017.

Recommendations 6-10

Recommendations 6-10 were published before 1-5 in April 2014. COA established its first list Choosing Wisely Canada Top 5 recommendations by asking its National Standards Committee to review the evidence base associated with the five treatments and procedures chosen by the American Academy of Orthopaedic Surgeons for the Choosing Wisely® campaign in the United States. Satisfied that the list was relevant to the Canadian clinical context, the Committee recommended its adoption to the COA's Executive Committee, and the motion was then unanimously approved by the Board of Directors. Therefore, all five items were adopted with permission from the Five Things Physicians and Patients Should Question, © 2013 American Academy of Orthopaedic Surgeons.

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The Canadian Orthopaedic Association

The Canadian Orthopaedic Association (COA) is a proud partner of the Choosing Wisely Canada campaign. With more than 1,800 Canadian members, the COA is the national professional association that represents Canada's orthopaedic surgeons. Our mandate is to promote excellence in bone and joint care through continuing professional development, models of care, practice-management strategies, government relations and a code of ethics. The COA has met annually since 1945, providing a venue for Canada's orthopaedic surgeons to update and refine their skills, as well as discuss and respond to professional and patient issues. The COA also supports multiple subspecialty societies, including the Arthroscopy Association of Canada (AAC) and Canadian Arthroplasty Society (CAS), and continues to speak with a united voice on behalf of the orthopaedic community in Canada.

About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

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