

MEDICAL MOMENTS

Surgery Isn't Enough to Prevent Falls for Patient with Knee OA

For Patients with Knee OA, Consider FYZICAL Therapy & Balance Centers to Reduce Falls Risk and Improve QOL

Knee Osteoarthritis (OA) is a leading cause of disability in people over 65 years old. Knee replacement is a common treatment for knee OA, because it yields pain relief, and improves physical function & quality of life. However, knee OA is an important risk factor for falls, with more than 50% sufferers falling in the last year.

Levinger and Colleagues hypothesized an increase risk of falls for patients before and 4 months following knee replacement surgery compared with age matched controls. The 4 month benchmark was used because of the expectation for patients to return to independent functioning even if not fully recovered.

Following the surgery, the intervention group was less afraid of falling, but still more fearful of falls than the age-matched control group. Differences in lower limb proprioception and knee extension strength were shown at 4 months post surgery. Quadriceps weakness following knee replacement can impair functional performance and is a risk factor for falls, which means surgery does not eliminate the need for falls prevention.

“...interventions to reduce the risk of falls should be implemented early after the surgery.” p. 1082

Physical Therapy can directly improve the deficits in lower limb proprioception and knee extension strength. However, fear of falling is related to a loss of confidence, reduced activity and loss of independence, which may impact the trajectory of traditional physical therapy.

FYZICAL's safety overhead system addresses patients' concerns for safety & security; a five-point harness prevents them from falling and allows them to challenge themselves. While FYZICAL's balance paradigm engages vision, vestibular, and proprioception allowing the physical therapist to more completely challenge a patient's balance, aid the patient in gaining strength & mobility, and return the patient to the independent life they previously enjoyed.

Levinger, P., Menz, H.B., Wee, E., Feller, J.A., Bartlett, J.R., & Bergman, N.R. (2011). Physiological risk factors for falls in people with knee osteoarthritis before and early after knee replacement surgery. *Knee Surgery, Sports Traumatology, Arthroscopy*, 19, 1082-1089.



Submitted by Dr. Lauren Collier Peterson, PT, DPT

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Dr. Peterson and her staff provide Physical Therapy for patients with pelvic floor dysfunction, imbalance and falls risk, & orthopedic injuries in OKC.

She has treated hundreds of men and women with pelvic floor issues ranging from incontinence and constipation to pain and prolapse. While she has a particular clinical interest in pelvic pain disorders, she wants everyone to enjoy good pelvic health and to know that “Leaks are not normal!”

Call Sean Peterson (GM) at 405-400-8909 to learn more
or to schedule a patient evaluation with a FYZICAL Therapist